STUDY ON THE EFFECTIVENESS OF LINK WORKERS PROGRAMME

UNDER

INDIA POPULATION PROJECT VIII

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CENTRE FOR RESEARCH IN HEALTH AND SOCIAL WELFARE MANAGEMENT

861, 18TH Main Road, Banashankari II Stage, Bangalore 560070

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CONSULTANTS

Dr. N.S.N.RAO

Ms. VASANTI SATISH

Ms. L.N.SHAMALADEVI

CENTRE FOR RESEARCH IN HEALTH AND SOCIAL WELFARE MANAGEMENT

861, 18TH Main Road, Banashankari II Stage, Bangalore 560070

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EXECUTIVE SUMMARY

1. INTRODUCTION

The project envisaged resident volunteers to act as link between the service providers and community. Acting as change agents, these link volunteers are expected to mobilise the slum communities. It is now desired to undertake an in-depth assessment of link volunteers scheme, in terms of achieving the project development objectives and to make specific recommendations for the remaining period of the project for continuation of the Scheme and also to assess the relevance of such schemes for future Urban Health/FW projects, based on the study findings. The study methodologies for this evaluation comprised of both qualitative and quantitative approach.

2. FINDINGS OF THE ASSESSMENT

2.1. Profile of Link workers

i. There were 672 Link workers, all female workers, under the Project spread over 84 Health Centres (HC), Urban Family Welfare Centres (UFWC) and Maternity Homes (MH). While most of the Centres had about ten workers, all females, there was high turn over rate among these workers.

ii. Age-wise, most of the Link workers were mature and in the prime age group up to 34 years(79%).

iii. Many of the Workers being from the Backward and SC/ST castes they represent the community and enable them to mix with the population in the community freely and are well accepted.

iv. Nearly two thirds of the Link workers were working for more than three years while one third were of less than one year standing in the profession. The other one third were between one to three years of experience.

v. Community service was the common motivating factor for joining the job (73.0%), along with the financial problem stated by 41% of the workers. .

vi. Most of the Link workers either resided in the Slum of their coverage (61%) or within a walking distance from their area of work.

2.2.Awareness of workers about their job specifications

i. Majority of the workers were fully aware of their job specifications, especially the activities like, identification of pregnant women in the community and referring them for antenatal check up, identification of eligible couples for family planning and motivating them for adoption of a family planning and distribution of oral pills and condoms.

2.3. Daily routine of a Link worker

i. Link workers had to visit the Health Centres daily at about 9.30 in the morning, for signing in the register and receiving instructions from supervisors.

ii. In the field they take rounds of the houses having Antenatal women, Children with less than five years, eligible couple for family planning. They visit about 20-30 houses daily lane wise.

iii. Majority of Link Workers were covering a population of around 5000 comprising of about 90 infants, 255 under five children, 750 eligible couples, 32 antenatal women, 7 post natal cases and 5-6 other types of cases mostly of tuberculosis disease. They usually work till 1.00 p.m.

2.4. Training received by the Link Workers

i. Almost all the Link Workers, except those who have joined the job recently, have been trained at Project Training Centre, Kodandarama Puram, for a period of five days. This is an initiation training wherein they have been trained in all functions related to their job. In a sample of 249 LWs, only 4% had not received this training, these were mostly those who have been recruited recently.

ii. Further 54% of the LWs have received a second reorientation training at the above Institute for 1-2 days.

iii. Some of the LWS have received additional training to equip them for better performance of their job on topics like Specific diseases like Tuberculosis, Leprosy etc., (80%), Reproductive and Child Health (35%), Record keeping (20%), Capacity building programmes (11%).

iv. These training programmes have equipped the Link Workers to acquire a basic knowledge related to the Mother and child Health, as detailed in further paragraphs, which has enabled them to provide quality services to the community.

2.5. Supervisory support received by Link Workers

i. Link workers are directly supervised by the ANMs in their day to day activities. During the visits of LWs to the Health Centre, they are provided guidance mostly on motivation of cases for family planning activities or work programmes.

ii. ANMs and other categories of Health staff, mostly Lady Health visitors and Social Workers in some of the Health Centres make periodical supervisory visits to the field.

2.6. Health educational Methods adopted by Link Workers

i. Two important educational aids provided to them are flip charts and posters. Other materials like handbills and pamphlets are also supplied to them during special programmes. However, LWs mostly adopt personal contacts as a method of Health education and rarely use the other aids.

2.7. Attainments of Link Workers as compared to ANMs

i. All the LWs as well as ANMS were aware as to how to identify a pregnant women in a community such as cessation of monthly periods, morning sickness etc. However, a lesser proportion of both LWS and ANMs knew correct calculation of expected date of delivery. LWs (83%) were slightly better with this aspect as compared to ANMs (74%).

ii. Majority of LWs and ANMs, were aware of most of the risk factors during pregnancy, both similar in proportion with regard to this knowledge.

iii. Almost all the LWs and ANMs, were equally aware of the different advises to be given to a pregnant women like early registration, minimum number of antenatal check up, immunisation against tetanus, consumption of IFA tablets, consultation of qualified medical practitioner during emergency and delivery through trained persons.

iv. Almost all the LWS and ANMs were aware of the number of doses of Tetanus Toxoid immunisations to be administered to pregnant women while the awareness on the minimum number of IFA tablets to be consumed during pregnancy was known to a slightly lesser number of LWs (79%) as compared to ANMs (99%).

v. Regarding Family planning methods, most of the LWs (98%) and ANMs (99%) were aware of all the methods. LWs were also aware as to when to advice a women for permanent method (98%) or a spacing method (95%).

Trg - reg. nutr./child care could be increased/improved.

vi. Regarding the knowledge on the causes of HIV/AIDS, majority of LWs and ANMs knew that the disease could be spread through sexual contact, infected blood or infected needles and syringes. Lesser number of both categories of workers was aware of the possibility of infected women passing on the infection in the womb. The knowledge levels were similar with both LWs and ANMs.

vii. Various high-risk signs of a newborn were not completely known to both LWs and ANMs. Both categories of workers were almost equally lacking this awareness.

viii. Almost all the LWs and ANMs were having a complete knowledge of different immunising agents to be administered to an infant (99%). However the doses of these immunising agents and the age at which they are to be administered was not known completely to many of the LWs and ANMs. This lacuna was more so with BCG immunisation.

ix. Even though the knowledge on management of diarrhoea was good with both categories of workers, LWs were better as compared to ANMs.

2.8. Performance of Link Workers

i. Link workers are the one who are in direct contact with the Community and they create awareness among the community about utilisation of various Maternal and Child care services and motivate cases for various components of the care.

ii. During the period of twelve months, April 1999- March 2000, a Link worker had on an average registered 86 Antenatal cases for Follow-up, motivated 71 infants for BCG, 86 for three doses of DPT, 87 for three doses of OPV, 71 for Measles immunisation and 71 for Vit-A prophylaxis administration.

iii. During this period, she had helped in 34 IEC activities besides motivating 12 children for admission to Anganwadi, 25 for admission to schools and motivated 12 women for Innovative programmes.

iv. During 16 months from April 1999 to July 2000, the average monthly performance of these activities are 7.4 for BCG immunisation, 7.4 respectively for three doses of DPT and OPV, 6.3 for Measles immunisation and 6.9 for Vit-A prophylaxis administration of infants.

v. During the same period she had also motivated about 12 women for adoption of a family planning method.

vi. There were in all, 595 mothers who were pregnant during the previous one year, and of them, 93.3% had availed Ante natal Check up and 66.4% were registered in the first trimester and 93.9% had at least three ANC check up.

vii. Of those women who were registered for ANC check up 68.6% were either contacted or motivated by Link Worker, while this percentage was only 39% for other Health workers.

viii. 97.8% had the required number of Tetanus Toxoid immunisation. Of these women, 72.2% were either contacted or motivated by Link Worker, while this percentage was only 61.8% for other Health workers.

ix. Of the Antenatal cases only 20% had consumed at least 90 tablets of IFA, but of them 71.4% were either contacted or motivated by Link Worker, Other Health workers had contributed for only 56.2% of ANCs.

x. There were in all 276 live births during the previous one year. Of these infants 82.6% children had completed doses of all immunisations. Of these 74.6% were either contacted or motivated by Link Worker while 47.4% by other health workers. In the families surveyed there were 1045 girl children aged below 11 years and of them 97.1% were attending schools. Of these, 51.8% were contacted or motivated by Link Workers for sending their children to the School while those contacted by Health workers were negligible (2.1%).

2.9. Record maintenance and reporting by Link Workers

i. All the Link workers maintain Eligible couple Registers. The other register maintained by the Worker is a daily dairy wherein they record the house number and type of cases visited each day. However there is no format for this dairy and recording is done on a notebook. They also note down any services rendered to a household on the day in this notebook. . The entries in this notebook are the basis for preparing periodical reports.

ii. At the level of Health Centre there is an Antenatal and postnatal register on which all services provided to these women are recorded. However this register is rarely used for organising the follow up visit of LW in the field.

iii. In all the health Centres there are Eligible couple survey analysis registers, according to the area served by the LW, which provide data about the eligible couples for each area served by the Link worker, analysed once a year from the Eligible couple survey.

In some of the Centres, Eligible couple survey is still under progress and this analysis is not available.

iv. Every week returns are prepared in the Weekly meetings, wherein the activities performed by the LW is consolidated by the ANM and recorded in a format. The information is gathered from the dairy of the LW and the LW maintains no regular format at her level. This sometimes, leads to inaccurate reporting. Further, there are many women in the community who avail services from the private practitioners and such information get mixed up. Such data is also reported as Health Centre achievement.

v. Thus it is observed, the recording and reporting system of the achievements require some changes. As such it very essential that every link worker is provided with a printed dairy wherein she records all the activities in a systematic manner.

vi. Each LW for facilitating her follow up of the case should maintain another register of all ANC and Infant cases. Beside other information, this register should contain information on ANC check up availed with the place of availing.

2.10. Other Health Workers opinion on the Programme

i. In general, ANMs felt that LWs are helpful to them in covering the area and target achievement while others felt that LWs are well accepted by the community.

2.11. Factors enabling good performance by the Link Worker and further facilities needed to improve the services

i. Most of the workers felt that emoluments paid to them is meager and desired benefits like uniform, umbrellas etc.

ii. Most of the Other Health Workers also felt that the job performed by the Link Workers entails her to a higher financial emolument. They also felt that there should be more refresher courses organised for the Workers.

2.12. Perceptions of the community on Link Workers programme

i. There are different types of relation ship with the community starting from the most rigid to extremely co-operative community members. LWs have to do their job very carefully as the success of the programme depends on the trust and confidence the community bestows on them.

ii. By and large, women felt that the services of link workers are very much required and they are doing a good job. However when it comes to actual treatment at the government hospital, a good amount of displeasure was expressed. Some women

perceive link workers as members of hospital staff while some look at them as social workers. The quality of services given by the link workers is evaluated more in terms of the personal relationship and trusts developed between them.

iii. Community members feel that the role of the link workers is to provide information relevant to health and family planing. The community appears to have a fair understanding of the roles and responsibilities of the link workers. In addition to this, it was also reported that the link workers are so close to them that they have free interaction and clarify any of their doubts.

iv. Since the community is poor they cannot contribute financially. In spite of the attitude of the community of "not giving but to receive", link workers find ways and means to involve community as partners rather than being mere beneficiaries. Thus, community members participate in their own way and in most cases help comes in kind. However community's perception of 'contribution' appears to have been understood as donating money.

v. By and large, community feels that the programme is good and beneficial and need based but are not satisfied with the behaviour of staff at the Health Centres. The most frequently asked question was *"why should we go to government hospital if we have to pay for all the services which are supposed to be free?"*

vi. Thus many times efforts of link workers to motivate women to utilise the services of the government hospital is jeopardised by lack of drugs and bad treatment at the hospital.

2.13. Perceptions of direct beneficiaries on the Link workers programme

i. Major benefits of link workers as reported by most of the direct beneficiaries are getting information at the right time; availability at the beneficiaries' door step to remind them on immunisation camps, health check up camps; providing regular follow up service regarding IUD insertions, replenish OP and condoms; and accompanying them to health centre whenever needed. Regular contact with link workers gives them the much-needed opportunity to confide and discuss about any personal health problems and helps them to develop good relationship.

ii. It was found that the beneficiaries access to information has increased considerably due to regular contact with the link workers.

iii. By and large, the link workers used interpersonal communication with the community as well as beneficiaries. Given the overall situation of the slums in terms of lack of

space and lack of time, for women to spend time out side their survival activities, the link workers go from house to house and contact them while they are nursing their children, cooking or engaged in other household chores. The strategy used by many link workers for communication is one of persuasion than education.

2.14. Networking with NGOs

i. By and large all the NGOs are involved in community development and health programmes in one way or the other. Link workers and these organisations work very closely as many of these organisations are also involved in similar activities. Due to this common interest, there is mutual Cupertino and assistance on various aspects.

ii. Most NGOs are of the opinion that the link worker's programme is very useful and much needed for educating women in contraception and promoting small families.

2.15. Case studies of selected successful link workers

i. Most of the link workers come from economically poor sections and so for all of them this is a most needed job as it supplements the family income. However, the more important finding is that all the link workers saw their job as an avenue for their professional development.

ii. Link workers are hard working and with determination exhibiting confidence, interest and patience in interacting with a variety of people with different and often negative mindsets.

iii. These women work not only for money they have special interest in their own professional development. Their key to success is their ability to communicate effectively, innovative ways of persuasion, commitment to job responsibilities. Furthermore, being close with the community they serve and a strong spirit of empathy were other factors expressed or hinted by these link workers as the secret of their success.

3. OVERALL CONCLUSIONS OF THE EVALUATION

What emerges strongly from the findings of overall effort is the following:

- The intervention of the project through link workers has been very useful for the community. This conclusion is based not only from the findings on their attainments and performance but also from the opinion of the direct beneficiaries of the programme,

participants of focus group discussions, NGO respondents, and other Health personnel at the Health Centre.

- Link Workers were mature, energetic housewives and represent the community in the socio-economic status and were well accepted by the community.
- Link workers being residents of the community ensures continuous follow up of cases in the community.
- Link workers not only help in achieving the targets of the Project objectives but also help the community women in their personal problems.
- Link workers job requires good amount of skills in terms of inter-personal communication, considerable level of articulation in convincing and persuading their clients to alter their living styles and behaviour. These qualities were found in good measure among the workers.
- Although link workers have support from the regular staff of the hospital, there is also considerable pressure from these staff to reach assigned targets. Many a times link workers overwork because they have to take up work of these staff members.
- However, there appears to be some amount of dissatisfaction among link workers about the way the other staff members treat them. In some cases they mentioned that they are most vulnerable.
- All the link workers expressed great concern about the paltry honorarium presently offered which is certainly not commensurate with the nature and extent of their job responsibilities. Furthermore, the absence of job security and other service benefits were voiced by all of them. Despite such harsh service conditions, most of the respondents reported that they liked their job and expressed their desire to continue.
- All the link workers had undergone 5-day training at the time of induction. However, there is certainly a need for strengthening the capabilities of workers to update their awareness levels in terms of various concepts and their application in the changing socio-economic scenario. Some topics on tackling behavioural problems in the community are also needed in the training.
- It was also found that there is a need for introducing more effective IEC materials, particularly on the superstitions, wrong beliefs on childbirth and contraception.
- The reporting and record keeping system and use of MIS system for monitoring of their day to activities is lacking with the Link workers.

- The findings of the present evaluation suggest that the programme of Link workers can be replicated in other similar projects also.

4. RECOMMENDATIONS

i. Link workers contribution to the Project activities are to be appreciated and duly recognised in view of the good performance by them.

ii. The position of Link workers requires strengthening by creating a sense of security and providing due status amongst the staff of the Health Centre and Maternity Homes.

iii. Link workers knowledge requires periodical updating through a structured and need based refresher courses.

iv. The reporting and record keeping system with the Link workers is to be improved by providing them structured daily dairies, follow up registers and training them in monitoring of activities.

v. Sense of responsiveness to the community aspirations from Other Health Centre staff is to be improved to create stability to the Link workers in the community.

vi. Meager honorarium received by Link Workers, in the present day value of money, should be increased keeping in view of their contribution to the project objectives.

vii. Link workers are to be adequately compensated for every additional work entrusted to them.

viii. Bangalore Mahanagar Palika should commit itself to continue the Link Workers programme with adequate budgetary provisions after the closure of the Project, since Link workers are the only community link with the Health Centre activities.

ix. A suitable system should be established to monitor the performance of Link workers based on CNA approach.

1. INTRODUCTION

Family Welfare Urban Slum project (India Population Project-VIII), Bangalore, supported by IDA, aims to provide rapid and targeted assistance to the vulnerable groups of about 1.6 million poor women in reproductive age and about 8,50,000 pre school children residing in Urban Slums. The project strategy as stated in the Terms of Reference is to:

- Expand the coverage of Family Planning and Maternal and Child Health Services to the previously unserved Urban Slum areas and beneficiaries through a net work of Health Centres and Health Posts backed up by Maternity Homes for referral care.
- Improve the quality of services delivered to the urban poor.
- Increase the demand for Family Welfare Services by substantially improving the participation of Private Voluntary Organisation and Community in the design delivery and supervision of services to the slum communities.

The project envisaged resident volunteers to act as link between the service providers and community. Acting as change agents, these Link volunteers were expected to mobilise the slum communities. These link volunteers called as Link Workers were engaged with a monthly honorarium of Rs.500 per month. Trained Link workers in the Urban Slums work under the guidance of Lady Medical Officers of Health Centres. This programme is expected to improve effective delivery and utilisation of FW & MCH services, resulting in decreased rates of fertility, infant, young child and maternal mortality and morbidity.

2. OBJECTIVES OF THE PRESENT EVALUATION

The objectives of this assignment is to undertake an in-depth assessment of link volunteers scheme, in terms of achieving the project development objectives, to make specific recommendations for the remaining period of the project and also to assess the relevance of such schemes for future Urban Health/FW projects, based on the study findings.

The detailed components of evaluation as detailed under the Terms of reference of the present study are as follows:

- Situation analysis of link workers presently working under the project
- Study of the Link workers attainment
- Assessment of Link workers contribution for the Project activities
- Assessment of Link workers perception of their attainment and needed improvements in the programme
- Assessment of perceptions of Community, representatives of local bodies, and beneficiaries on Link workers programme
- Assessment of perception of other full time staff of IPP VIII on Link workers
- Assessment of Impact of Link workers programme for attainment of Project activities
- Devising proper Registers and reporting format for Link workers activities.

3. METHODOLOGY AND APPROACH FOR THE PRESENT STUDY

The study methodologies adopted for the study comprised of both qualitative and quantitative approach and are described below.

The Profile of Link workers presently working engaged in the Project was undertaken through a survey of all Link workers at all the Health Centres (HC), Urban Family Welfare Centres (UFWC) and Maternity Health Centres (MH) under the Project.

This sample survey of Link survey included assessment of the workers attainment in terms of knowledge levels regarding reproductive and child health, training programmes attended, availability of IEC materials, skills of link workers in the use of IEC materials, capability for interpersonal communication and organising groups for motivational programmes, the record and reporting system and also their performance of activities, during the year 1999-2000 and part of 2000.

The sample for this assessment comprised of three link workers from each of the Health Centre. The sample included Link workers who had put in two to three years of service or the senior most link workers in the newly established HCs, UFWCs and MHs.

A study on random sample of married women aged 15-45 years was undertaken to assess the utilisation of services of the Centres and to assess the contribution of Link workers for this utilisation. The sample consisted of 80 women selected on a cluster sample basis from each of 30 randomly selected clusters of slums. The selection methodology adopted for the clusters was the probability proportional to sample size. The sampling frame consisted of the slums covered under each Centre, duly arranged according to the geographical location of Health Centres. This was done to give representation to all the regions of the City. Due representation for different socio-economic groups of households within a cluster was ensured by dividing the cluster into four strata and selecting 20 households from each of these strata. The clusters selected for the survey are listed in Annex. 1

To compare the Link Workers (LW) attainment with those of Auxiliary Nurse Midwives (ANM), a random sample of a maximum of two ANMs who were available on the day of interview were selected from each of the Centre and studied for their knowledge and performance in the areas of reproductive health.

All the available Health personnel, at the time of survey in each of the Centres were interviewed to assess their views on the Link workers programme.

Advance planning visits by the Consultants were made to the Centres to ensure the availability of all the Link Workers and other staff on the day of the survey.

All the information for the quantitative assessments were collected on pre-designed and pre-tested questionnaires by trained Investigators under the direct supervision of the Community studies Specialist. The Sociological Consultant of the Evaluation undertook the qualitative study.

The survey data were edited both in the field and office and analysis was done using EPI-Info soft -ware.

As an important component of the evaluation of Link Workers Scheme, focus group discussions and Observation of Link Worker's activities and case studies of selected link workers, to provide a qualitative assessment of the effectiveness of the scheme, was undertaken. Details of the methodologies adopted for the qualitative assessments are detailed below.

i. Sample for the study

A representative sample comprising of slums/ communities were selected, and NGO functionaries working in respective areas, concerned direct beneficiaries and the link workers in these slums were studied. For this purpose, a total of 20 slums were selected at random, 5 each for focus group discussions with (a) Community (b) NGOs and (c) Direct beneficiaries. In addition, five successfully performing link workers were chosen at random for conducting case studies (Annex 2).

ii. Tools for the study

To understand the social dynamics of link workers performance, it was felt necessary to employ a variety of tools and techniques for gathering reliable information. Appropriate instruments were administered depending upon the respondent's profile. Further it also depended on the type of information needed for the purpose of understanding the details as well as the groups' relationship with the programme. That is, the data collection method depended on whether the respondent was a direct beneficiary of the programme or an NGO working in the sample slum or the link worker in charge. In view of the involvement of

different groups, a checklist of aspects to be covered for each of these groups was prepared (Annex 3).

Following major tools were used.

i. Focus group discussion
ii. Interviews
iii. Informal group discussions
iv. Case studies
v. Observation of on the job performance

Details of the methodologies adopted under these tools are described in subsequent paragraphs.

i. Focus group discussions

Focus group discussions were intended to provide an ideal occasion to discuss issues related to the programme and the link workers with a group of community members, focused on the specific aspects mentioned in the checklist. In the beginning of the study, it was planned to bring women and other community members to a designated place (central place) in the slums and then conduct focus group discussions. However, this was not possible due to a variety of reasons including lack of public venue/premises such as Anganwadi, school or temple in the majority of sample slums, inability of women to leave their infants and other domestic chores such as cooking etc to attend the discussions. Furthermore, women were found to be quite busy in their daily survival activities and had not enough time to spare for the discussions. These aspects which have important bearing on the scheme, will be discussed in the foregoing sections of the report in more detail. Therefore groups were met lane wise in small numbers mostly in one of the houses of the respondents. The number of such groups in the sample slums differed depending on the size of the slum both in terms of the area as well as the population. In each of the sampled slum. an average of 5–6 groups were met and in each of these groups 10–15 women were involved in the discussion. However, the number of women in these groups as well as their participation differed considerably. Some women would come in and 'talk' their part and then would say that they have to leave as they were in a hurry, while some would stay throughout and actively participate in the discussion. The third type were the silent women. In order to make the discussion more participatory and also to provide opportunities to silent womren, care was taken to involve them in the discussion by asking

specific questions of very general type such as " have you seen this woman? what does she do? (link worker) etc.

Discussions in these groups were informal and relaxed. Women were encouraged to talk generally on their health, their knowledge of family planning methods, nutrition, immunisation, MCH. The relationship between the link workers and definite benefit they experience from the link workers were the major issues discussed with these women. Some times the discussions went out of focus as women would talk about the problem of housing, drainage etc. However special efforts were made to moderate such discussions and bring it back to the specific issue of the programme. By and large women from the sample communities were highly responsive to the issues and they were frank in expressing their opinions, perceptions and also suggestions to improve the programmes.

ii. Interviews

Interview method was used in the case of NGOs, SHE club members and link workers. Interviews were conducted with the help of an interview guide with open-ended questions prepared before hand. NGOs were found to be working in all the five sampled slums, whereas SHE clubs were existing in 3 out of 5 sample slums. The interviews were conducted mostly with individuals of these institutions.

iii. Informal group discussions

Informal group discussions were mostly used for getting introduction to the study and also to build rapport with the slum population and also to gather general information of the slums. As soon as any one entered the slum, both men and women would ask the purpose of the visit and as such it needs introduction as well as a general talk on the social and economic condition of the slum and the purpose of the visit and so on.

iv. Case studies

The case study method has been used to study five successful link workers. This is intended to get an in-depth information about the successful workers in order to know how these women have been able to perform successfully. Case studies, like in other cases, were conducted with the help of a checklist of issues covering all aspects of each link worker. One full day was spent with each link worker which started with informal introduction in the health center, interview for specific information on personal data such as age, education, family

background and so on. Since the Link workers were not only workers but were also one among the slum residents, these case studies are interesting,to know how they perceived their jobs besides being able to manage difficult situations at home and a challenging job outside (of link workers).

v. Observations

In addition to talking to the link workers and in-depth interviews, field visits were made to the slums of these workers in order to make direct observations, while these workers performed their activities. These activities included motivation of women for sterilisation, care of pregnancy, spacing children, health and nutrition education and so on.

4. FINDINGS OF THE ASSESSMENT

The results presented in the present report comprise of the findings from both Qualitative and Quantitative approaches.

The findings of assessments from Quantitative approach covered the following components:

4.1. Background to the Link workers programme
4.2. Profile of Link workers
4.3. Awareness of Link workers about their duties
4.4. Daily routine of a Link worker
4.5. Training received by Link workers
4.6. Supervisory support received by Link workers
4.7. Health education methods adopted by Link workers
4.8. Attainments of Link workers as compared to ANMS
4.9. Performance of Link Workers
4.10. Record Keeping by Link workers
4.11. Other Health Workers opinion on the Programme
4.12. Factors enabling good performance of Link workers

The findings of the assessments from Qualitative approach covered the following components:

4.13. Perceptions of the Community on Link Workers programme
4.14. Perceptions of the direct beneficiaries on Link Workers programme
4.14 Networking with the NGOs.
4.16. Case studies of selected successful link workers

4.1. Background to Link workers Programme

The project has employed resident female volunteers, called as Link Workers to act as link between the service providers and community. Acting as change agents, these link volunteers perform various activities amongst the slum communities. They are engaged on a part time basis, to work for about 3 to 4 hours a day, with a monthly honorarium of Rs.500 per month. They are provided training to take up various activities related to FW & MCH services in the Urban Slums under the guidance of Lady Medical Officers of Health Centres, aiming at effective service delivery and utilisation of Family Welfare and Maternity & Child Health services.

Link workers are the most peripheral workers in the field who have close contact with the community

Thus the Link workers are the most peripheral workers in the field who have close contact with the community.

4.2. Profile of Link workers

There were 672 Link workers under the Project spread over 84 Health Centres (HC), Urban Family Welfare Centres (UFWC) and Maternity Homes (MH). While most of the Centres had ten Link workers, there were Centres with lesser number of workers. The turn over rate of these workers in some of the Centres was high resulting in lesser number of workers in some of the centres. The number of Link workers in different Centres is given in Table 1.

Agewise, most of the workers were in the prime age group up to 34 years, 50% aged between 20-29 years, and another 29% between 30-34 years. There were also about 20% aged above 35 years. Thus the workers comprised of mature women capable of working with the community ladies.

Link workers represented the Community in religion, caste or education and were married and reside in the Slums and as such had easy access to the community women

Most of the workers were Hindus (90%), while the remaining were Christians and Muslims. Amongst Hindus, 33% comprised of Scheduled castes and Tribes while 42% were from other backward castes. Thus majority of workers were representing the community in religion and caste which enabled them to work freely in the community.

Nearly two thirds (70%) of the workers were educated up to High School or Higher Secondary levels, there were about 29% with less than this level of education. There were a few graduates.

Marital status wise, almost all were currently married while there were 4% who were either widowed or divorced (Table 2).

Thus these link workers represented the community in religion, caste or education and were married and as such had access to the Community women.

Nearly one third of the Link workers were serving the Project for more than three years while more than half were with more than two years of standing. Those who were with less than this duration were from those Centres started in the last two years. However, the turn over rate of Link workers in some of the Centres was high.

Zeal for community service was the motivating factor for taking up this activity in majority of the workers (73%), even though financial problems in the family was another consideration. Part time nature of the work was also an additional consideration for working in the Project.

Most of the workers resided in the Slum they served or were residing in a close by slum. Thus 75% of the workers were within one km. of their area of work. (Table 4). A few of the workers were spending around Rs.2 to 5, daily for commuting to their area of work.

Table 1.Number of Link workers in each Centre

Sl. No.	Name of UFWC/ Maternity Home/ Health Centre	No. of Link workers
1	A.D.Halli	9
2	Adugodi	9
3	Agara	6
4	Amrutahalli	7
5	Anjanappa garden	8
6	Ashokapuram	10
7	Attur Layout	10
8	Austin Town	9
9	Avalahalli	10
10	Azadnagar	9
11	Banashankari	10
12	Bangarappa Nagara	8
13	Bapujinagara	9
14	Bhuvaneshwari Nagar	7
15	Bowring	5
16	C.T.Bed	7
17	Cholanayakana halli	8
18	Cox Town	9
19	D.J.Halli	7
20	Dasappa	6
21	Domalur (Kodihally)	7
22	ESI, Rajajinagar	9
23	G.G.Halli	10
24	Ganganagar	10
25	Gangondanahalli	9
26	Gayatri Devi park	10

27	Goripalya	9
28	Gosha	3
29	Govindrajnagar	9
30	Hegganahalli	9
31	Hosahalli	7
32	J.P.Nagar	6
33	Jayanagar	8
34	K.C.G Malleswaram	6
35	K.G.Halli	9
36	Kamakshipalya	10
37	Kodigehalli	10
38	Koramangala	7
39	Kumaraswamy Layout	8
40	Laggere	9
41	Manavart pet	10
42	M.R. Palya	10
43	M.S.Palya	10
44	Magadi Road	9
45	Mahalakshmi Layout	10
46	Mallasandra	8
47	Mallat halli	8
48	Mathikere	10
49	Moodalapalya	8
50	Murphy Town	7
51	Neelmaheswari	3
52	N.R.Colony	8
53	N.S.Palya	7
54	Nandini Layout	10
55	New Baglur Layout	5
56	Old Byppanahalli	9
57	P.G.Halli	9
58	Pantarapalya	7
59	Peenya	4
60	Pobbathi	5

61	R.C.Puram	7
62	Rajajinagar	7
63	Rupena Agrahara	7
64	Shanthi nagar	8
65	Siddaiah Road	7
66	Sirur Park Road	7
67	Sirsi Road M.H.	7
68	Sonnenahalli	8
69	Srirampura	10
70	Sulthanapalya	9
71	T.R.Mill	10
72	Taskar Town	5
73	Tavarekere	10
74	Tindlu	10
75	Ulsoor	7
76	Uttharahalli	5
77	Vanivilas	8
78	Vibhuthipura	9
79	Vidyapeeta Circle	7
80	West of Chord Road	10
81	Wilson Garden	8
82	Yarabnagar	7
83	Yelchenahalli	6
84	Yeshwanthpura	8
	Total	672

Table 2. Profile of Link Workers

Characteristics	No. of Link Workers (n=672)	
Age in years	No.	%
15-19	2	0.3
20-24	93	13.8
25-29	253	37.6
30-34	192	28.6
35-39	110	16.4
40 and over	22	3.3
Religion		
Hindu	605	90.0
Muslim	27	4.0
Christian	38	5.7
Others	2	0.3
Caste for Hindus		
Scheduled Caste	185	30.6
Scheduled Tribe	17	2.8
Backward	253	41.9
Others	149	24.7
Educational Qualification		
Primary	3	0.4
Middle	195	29.0
High School	404	60.1
Higher secondary	64	9.5
Graduate +	6	0.9
Marital Status		
Unmarried	7	1.0
Currently Married	638	94.9
Widowed	17	2.5
Divorced / Separated	10	1.5

Table 3. Length of Service of Link Workers

Period in years	No. of Link Workers (n=672)	
	No.	%
Upto 1 year	224	33.3
13 to 18 months	39	5.8
19-24 months	38	5.7
25-30 months	60	8.9
31-36 months	68	10.1
More than 36 months	243	36.2
Mean service	26.6 months	

Table 4. Place of residence of Link Workers and distance to place of work

	No. (n=672)	%
Residence		
Same slum	409	60.9
Other places	263	39.1
Distance of residence to place of work		
0 kms	506	75.3
1-2 kms.	128	19.0
3- 4 Kms	25	3.7
5 Kms and more	13	1.9
Mean distance	0.5 kms	
Daily expenditure on conveyance in Rs.		
Nil	597	88.8
2-3	26	3.8
4-5	38	5.7
More than Rs. 5	11	1.6
Mean amount	Rs.0.5	

4.3.Awareness of workers about their job specifications

Majority of the workers were aware of their duties, especially the activities like, identification of pregnant women in the community and referring them for antenatal check up, identification of eligible couples for family planning and motivating them for adoption of a family planning and distribution of oral pills and condoms. Motivation of women for innovative programmes or organising health education programmes was perceived by lesser number of workers as their job, as this activity is not performed at all the Centres(Table 5).

Table 5. Awareness of Link Workers about their duties

Job specification	No. of Link Workers (n=249)	
	No.	%
Identification of pregnant mothers and refer them for Antenatal check-up	247	99.2
Identification of eligible couple	240	96.4
Motivation of eligible couples for adoption of Family planning	239	96.4
Distribution of condoms. Oral pills & ORS packets	237	95.2
Motivating mothers for immunisation of children	239	96.0
ating women to take up innovative programmes	160	64.3
Conducting Health education programmes	219	88.0
Organising Health Education programmes	161	64.7
Refer cases to higher levels	183	73.5

4.4. Daily routine of a Link worker

Link workers had to visit the Health Centres daily at about 9.30 in the morning, for signing in the register and receiving instructions from supervisors. They were also expected to report their daily work at the Health centre after completing daily routine work. This was considered as an additional burden by most of the Link workers. However, this practice is being stopped in some of the Health Centres. Besides this daily visit, they attend the Health Centre, for bringing F.P. acceptors or children for immunisation, attending meetings, assisting in Immunisation clinics, accompany some of the cases for follow up or treatment of sick persons etc. More than half of the workers, visit the Health Centres over twice a week for such purposes (Table 5).

Link Workers take rounds of the slum contacting Antenatal women, Children with less than five years of age, eligible couples for family planning and have established good rapport with the women

In the field they take rounds of the slum visiting families having Antenatal women, Children with less than five years and eligible couple for family planning. They visit about 20-30 houses daily, lane wise. They cover the entire Slum in rotation. It was observed in some of the Slums, that there is a large turn over of families and as such during their visits they update the Eligible Couple register. However, they rarely visit houses without beneficiaries. As such in most of the slums, Link workers have established good rapport with the women beneficiaries but less with other women. Link Workers wind up their work in the field by about 1.00 p.m.

Majority of Link Workers was covering a population of around 5000 comprising, on average, 90 infants, 255 under five children, 750 eligible couples, 32 antenatal women, 7 postnatal cases and 5-6 other types of cases mostly of tuberculosis disease. The mean number of different categories of beneficiaries served by a Link worker is given in Table 6.

Table 6. Average no. of beneficiaries served by Link Worker

Type of beneficiary	No. of Link Workers (n=672)	
	Average	Median
Total population served	4824	5000
Antenatal women	101	90
1 to 4 years	281	255
Eligible couples	674	750
Ante-natal women	39	32
Post-natal women	10	7
Others	6	1

4.5. Training received by the Link Workers

Almost all the Link Workers, except those who have joined the job recently, have been trained at Project Training Centre, Kodandarama Puram, for a period of five days. This is an initiation training wherein they have been trained in all functions related to their activities. The training was imparted adopting different methods like classroom lectures, demonstrations and field visits. In a sample of 249 LWs, only 4% had not received this training, who were recruited recently.

Different training programmes have equipped the Link Workers to acquire a basic knowledge related to the Mother and child Health, which has enabled them to provide quality services to the community.

Further 54% of the LWs have received a second reorientation training at the above Institute. The period of this training was for 1-2 days.

Some of the LWS have received additional training to equip them for better performance on activities like, providing follow up of Specific diseases like Tuberculosis and Leprosy (80%), Reproductive and Child Health (35%), Record keeping (20%), Capacity building programmes (11%).

These training programmes have equipped the Link Workers to acquire a basic knowledge related to the Mother and child Health, as detailed in further paragraphs, which has enabled them to provide quality services to the community.

4.6. Supervisory support received by Link Workers

Link workers are directly supervised by the ANMs in their day to day activities. During the visits by LWs to the Health Centre, they are provided guidance mostly on motivation of cases for family planning activities or work programmes.

ANMs and other categories of Health staff, mostly Lady Health visitors and Social Workers provide periodical supervisory visits to the field.

4.7. Health educational Methods adopted by Link Workers

Link Workers were trained during their initiation training on use of different Health education materials. Two important educational aids provided to them are flip charts and posters. Other materials like handbills and pamphlets are also supplied to them during special programmes. They rarely use models. However, LWs adopt only personal contacts as a method of Health education and rarely use the other aids. Further details on this are provided under results of qualitative studies, later in this report.

4.8. Attainment of Link Workers as compared to ANMs

The knowledge level of Link workers on various components of Mother and Child Health was ascertained from a sample of 249 Link Workers as well as from a sample of 130 ANMs, working in the same Health Centres. A comparative assessment has been made in the subsequent paragraphs.

The level of Knowledge amongst Link workers was similar to that of ANMs in all aspects of Maternal and Child health concerns which enabled them to educate the community satisfactorily

i. Knowledge on Reproductive health concerns of women

All the LWs as well as ANMs were aware as to how to identify a pregnant women in a community such as cessation of monthly periods, morning sickness etc. However, a lesser proportion of both LWS and ANMs knew correct calculation of expected date of delivery. LWs (83%) were slightly better with this aspect as compared to ANMs (74%).

Majority of LWs and ANMs were aware of most of the risk factors during pregnancy. The proportion of ANMs and LWs with this knowledge was same. This enabled the Link workers to perform better in out reach activities.

Almost all the LWs and ANMs, were aware of the different advises to be given to a pregnant women like early registration, minimum number of antenatal check up, immunisation against tetanus, consumption of IFA tablets, consultation of qualified medical practitioner during emergency and delivery through trained persons.

Most of the LWS and ANMs were aware of the number of doses of Tetanus Toxoid immunisations to be administered to pregnant women while the awareness on the minimum number of IFA tablets to be consumed during pregnancy was known to a slightly lesser number of LWs (79%) as compared to ANMs (99%) (Table 7).

Regarding Family planning methods, almost all the LWs (98%) and ANMs (99%) were aware of all the methods. LWs were also aware as to when to advice a women for permanent method (98%) or a spacing method (95%).

Regarding the knowledge on the causes of HIV/AIDS, majority of LWs and ANMs knew that the disease could be spread through sexual contact, infected blood or infected needles and syringes. Lesser number of both categories of workers was aware of the possibility of infected women passing on the infection to the baby in the womb. The knowledge levels were similar with both LWs and ANMs (Table 8).

Table 7. Comparative Awareness of Link workers and ANMs on Reproductive health aspects of mothers

Reproductive health aspects of women	Link workers (n=249)		A.N.Ms (n=130)	
	No.	%	No.	%
Correct identification of Pregnant women	248	100.0	129	99.1
Expected date of delivery	207	83.1	96	73.8
High Risk factors during pregnancy				
Short stature of women	209	83.9	113	86.9
Age of mother less than 18 yrs.	213	85.5	111	85.4
Age of mother above 35 yrs.	197	79.1	107	82.3
Severe anaemia	192	77.1	105	80.8
Toxaemia / edamsia	64	25.7	65	50.0
Frequent pregnancies	186	74.7	81	62.3
Too many children in succession	149	59.8	68	52.3
Advises to be given to pregnant women				
Early registration for ANC	246	98.8	129	99.2
At least 3 antenatal check ups	239	96.0	129	99.2
Immunisation against tetanus	239	96.0	124	95.4
Consumption of IFA tablets	234	94.0	123	94.6
Consultation in case of any danger signs	127	51.0	68	52.3
Delivery through trained personnel	228	91.6	120	92.3
No. of doses of Tetanus	241	96.8	127	97.7
No. of IFA tablets to be consumed during pregnancy	196	78.7	127	97.7

Table 8. Comparative Awareness of Link workers on causes of HIV /AIDS

Causes	Link workers		ANMS	
	No.	%	No.	%
Having multiple sex partners	243	97.6	128	98.5
Homosexual	59	23.7	43	33.1
Use of infected syringes and needles	239	96.0	130	100.0
Use of infected blood	232	93.2	128	98.5
Infected pregnant women to child	188	75.5	98	75.4
Shaking hands / kissing / staying with infected persons	21	8.4	7	5.4

ii. Knowledge on Child health concerns

Various high-risk signs of a newborn were not completely known to both LWs and ANMs. Both categories of workers were almost equally lacking this awareness.

Almost all the LWs and ANMs were having a complete knowledge of different immunising agents to be administered to an infant (99%). However the doses of these immunising agents and the age at which they are to be administered was not known completely to many of the LWs and ANMs. This lacuna was more so with BCG immunisation.

Even though the knowledge on management of diarrhoea was good with both categories of workers, LWs were better equipped with this awareness as compared to ANMs (Table 9).

4.9. Performance of Link Workers

Link workers are the one who are in direct contact with the Community and they spread awareness among the community on various Maternal and Child care services and motivate cases for various components of the care. In the foregoing paragraphs results of analysis of the records of the Link Workers about their performance, pertaining to different Maternal and Child health care services, during the period April 1999 to July 2000 have been presented.

Link workers were contributing substantially for achievements of the Health Centres in providing MCH services to the Community besides contributing in other innovative programmes

A Survey of 2387 currently married women in the Community was also undertaken to know the present levels of utilisation of MCH services and the contribution of Link Workers in this utilisation. Findings of this survey are also presented below.

i. Findings from the analysis of records

During twelve months of the year, April 1999- March 2000, a Link worker had on an average registered 86 Antenatal cases for follow-up, motivated 71 infants for BCG, 86 for three doses of DPT, 87 for three doses of OPV, 71 for Measles immunisation and 71 for Vit-A prophylaxis administration.

During this period She had helped in 34 IEC activities besides motivating 12 children for admission to Anganwadi, 25 for admission to schools and motivated 12 women for Innovative programmes.

During 16 months from April 1999 to July 2000, the average monthly performance of these activities were 7.4 for BCG immunisation, 7.4 respectively for three doses of DPT and OPV, 6.3 for Measles immunisation and 6.9 for Vit-A prophylaxis administration to infants.

During the same period she had also motivated about 12 women for adoption of a family planning method.

Table 9. . Comparative Awareness of Link workers and ANMs on Child health concerns

Child health aspects	Link workers (n=249)		A.N.Ms (n=130)	
	No.	%	No.	%
Advises to be given to women after delivery about care of new born				
Administration of colustrum to new born	233	93.6	124	95.4
Breast feeding within ½ hour of birth	243	97.6	130	100.0
Continue breast feeding for at least 6 months	221	88.8	112	86.2
Keeping the child and mother together	229	92.0	105	80.8
Feed the child whenever child desires	188	75.5	88	67.7
Sterilisation of utensils / bottles	131	52.6	74	56.9
Avoid nipples or any sucking materials	121	48.6	59	45.4
High Risk signs of a new born				
Pale or bluish colour of the new born Child	155	62.2	88	67.7
Child not crying immediately after birth	183	73.5	88	67.7
Irregular breathing of the child	130	52.2	81	62.3
No movement of legs and arms	135	54.2	56	43.1
Abnormal size or very softness of the Child	69	27.7	47	36.2
Immunisation schedule for infants				
All Immunising agents	247	99.2	127	97.9
Doses of all immunisations	162	65.1	96	73.8
Advice for mothers on diarrhoea				
Administer more fluids	222	89.2	97	74.6
Administer O.R.S.	240	96.4	102	78.5
Administer O.R.S. or fluids with every bout of diarrhoea	204	81.9	87	66.9
Continue feeding during diarrhoea	190	76.3	73	56.2
If diarrhoea persists take the child to the doctor	234	94.0	97	74.6
Preparation of ORS				
Correct	94	37.8	58	44.6
Partially correct	120	42.2	58	44.6
Incorrect	35	14.0	14	10.8

Table 10. Performance of Link Workers as per record analysis

Activity	Average no. per month	
	During the year 1999-2000	During the period April to July 2000
ANC cases motivated	86	33
No. of children motivated for immunisation		
BCG	71	28
3 doses of DPT	86	33
3 doses of OPV	87	33
Measles	71	30
Vit A	71	30
Cases motivated for F. P. methods		
Female sterilisation	38	16
Vasectomy	5	1
Oral pills	22	11
Condoms	31	13
IUD	34	13
Children motivated for Anganwadi	12	5
Children motivated for Schooling	25	9
Women motivated for Innovative programmes	12	5
IEC Activities	34	14

ii. Findings from Community survey

Community survey undertaken in a random sample of 30 clusters comprising of 2387 currently married women in the age group 15-44 years of age revealed the following MCH indicators.

In the community Link Worker is the first level worker and was a constant source of information as well as motivation for MCH care as compared to other health workers

The surveyed population consisted of 74% Hindus and 19.4% Muslims besides 6.4% of other religions, mostly Christians. Amongst Hindus, 55.6% were from Scheduled castes and Tribes.

There were in all, 595 mothers who were pregnant during the previous one year, and of them, 93.3% had availed Ante natal Check up and 66.4% were registered in the first trimester and 93.9% had at least three ANC check up.

Of those women who were registered for ANC check up, 68.6% were either contacted or motivated for registration by Link Worker, while this percentage was only 39% for other Health workers.

97.8% had the required number of Tetanus Toxoid immunisation. Of these women, 72.2% were either contacted or motivated by Link Worker, while this percentage was only 61.8% for other Health workers.

Of the Antenatal cases only 20% had consumed at least 90 tablets of IFA, but of them 71.4% were either contacted or motivated by Link Worker, Other Health workers had contributed in only 56.2% of ANCs.

Table 11. Religion and caste of respondents surveyed amongst currently married and aged 15-45 years

Religion and caste	Women aged 15-45 years (n= 2387)	
	No..	%
Religion		
Hindu	1772	74.2
Muslim	463	19.4
Christian	151	6.3
Others	1	0.1
Caste of Hindus		
S.C	867	48.9
S.T	118	6.7
Backward	714	40.3
Others	73	4.1

Table 12. Age distribution of respondents surveyed amongst currently married and aged 15-45 years

Age in years	No.	%
15-19	174	7.3
20-24	746	31.1
25-29	617	25.7
30-34	411	17.1
35-39	297	12.4
40-45	152	6.3
Total	2397	100.0

Table 13. Maternal care practices amongst mothers delivered during previous year and person motivating them for the practice

Ante-natal care particulars	% of women (n=595)
Had Ante-natal check-up	93.3
Motivated for ANC by:	
ANM	2.2
Link worker	68.6
Other health workers	36.8
Gestation period at first check up	
1st Trimester	66.4
2nd trimester	33.2
3rd trimester	0.5
Had at least three ANC check ups	93.9
No. of pregnant women who had TT Immunisation	97.8
Motivated for TT by:	
ANM	5.9
Link worker	72.2
Other health workers	55.9
Consumed IFA tablets	20.0
Consumed at least 90 tablets of Iron folic acid tablets during pregnancy	9.8
Motivated for IFA tablets consumption during pregnancy by:	
ANM	5.7
Link worker	71.4
Other health workers	50.5
Adopted F.P. practice in the last two years	382 women
Motivated for adoption for F.P. practice by (n= 382):	
ANM	6.5
Link worker	70.7
Other health workers	45.8

There were in all 276 live births during the previous one year. Of these infants 82.6% children had completed doses of all immunisations. Of these 74.6% were either contacted or motivated by Link Worker while 47.4% by other health workers.

In the families surveyed there were 1045 girl children aged below 11 years and of them 97.1% were attending schools. Of these, 51.8% were contacted or motivated by Link Workers

for sending their children to the School, while those contacted by Health workers were negligible (2.1%).

Table 14 .Child care practices amongst mothers delivered during previous year and person motivating them for the practice

Child care particulars	% of women (n=276)
No. children completing immunisation schedule	82.6
Motivated for immunisation by:	
ANM	4.3
Link worker	74.6
Other health workers	43.1
No. of mothers sending children to Anganwadis	74.2
No. of mothers sending girl children to School	97.1
Motivated for sending children to School by: *(n=1045)*	
ANM	0.3
Link worker	51.8
Other health workers	1.8

4.10. Record maintenance and Reporting by Link Workers

All the Link workers maintain Eligible couple Registers. These registers are prepared during the Annual survey during each year. There is a lot of mobility of Families in the Slums and as such these registers are updated during the visits of the LW to the family. However, since the LW do not visit the houses where there are no ANCs or Children or eligible couples, the chances of up dating the register in such families is rare. In fact the Link workers visit the households with eligible couple register as their basis for visits.

The other register maintained by the Worker is a daily dairy wherein they record the house number and type of cases visited each day. However there is no format for this dairy and recording is done on a notebook. They also note down any services rendered to a household on the day in this notebook. . The entries in this notebook are the basis for preparing periodical reports.

At the level of Health Centre, there is an Antenatal and postnatal register on which all services provided to these women are recorded. However this register is rarely used for organising the follow up visit of LW in the field. In a few Health Centres, LWs have

maintained such a register for their use in the field. But there was no uniform procedure or instructions for maintenance of such registers.

In all the health Centres there are Eligible couple survey analysis registers, maintained according to the area served by the LW, which provide data about the eligible couples for each area served by the Link worker, analysed once a year from the Eligible couple survey. In some of the Centres, Eligible couple survey is still under progress and this analysis is not available.

Every week returns are prepared in the Weekly meetings, wherein the activities performed by the LW is consolidated by the ANM and recorded in a format. The information is gathered from the dairy of the LW and the LW maintains no regular format at her level. This sometimes, leads to inaccurate reporting. Further, there are many women in the community who avail services from the private practitioners and such information get mixed up. Such data is also reported as Health Centre achievement.

The recording and reporting system in the programme of Link workers is not very satisfactory and needs improvement

Thus it is observed, the recording and reporting system of the achievements of Health Centres require some changes.

It is very essential that every link worker be provided with a printed dairy wherein she records all the activities in a systematic manner.

Different columns of this dairy should have the following information.

i. Date of visit
ii. Sl. No. of House visited
iii. Services provided by the worker in the field for the Household
iv. Services provided by the Household at the Health Centre
v. If the women or child has taken service from other agencies the name of the agency providing such a service.

Each LW for facilitating her follow up of the case should maintain another register of all ANC and Infant cases. Besides other information , this register should contain information on ANC check up availed along with the place of availing such services.

4.11. Other Health Workers opinion on the Programme

Opinion on the Link Workers programme was ascertained from Medical Officers, Lady Health Visitors, ANMs and Social Workers on a self-administered questionnaire. In all, 138 different categories of health workers responded.

In general, ANMS felt that LWs were helpful to them in covering the area and target and also that they were well accepted by the community.

Table 15. Opinion of other health workers on Link workers programme

Opinion	ANMs		Other health workers	
	No. (n=130)	%	No. (n=138)	%
Helpful in coverage of area	70	53.8	34	24.8
Target achievement for ANC & FP	50	48.5	28	20.4
Well accepted by community	45	34.6	69	50.4
Ensures supply of OP & Condoms	7	5.4	-	-
Help in IEC activities	17	13.1	15	10.9
Help in outreach programmes	16	12.3	17	12.4

4.12. Factors enabling good performance by the Link Worker and further facilities needed to improve the services

The information was elicited from the Link worker herself, and according to them, acceptance from the community, initial training and recognition in the community and cooperation from Health staff at the Health Centre were the topmost factors enabling them to perform their job efficiently (Table 16).

Most of the workers felt that honorarium paid to them is meager and desired benefits like uniform, umbrellas etc (Table 17).

Most of the Other Health Workers also felt that the job performed by the Link Workers entails her to a higher financial benefit. They also felt that there should be more refresher courses organised for the Workers.

Table 16. Factors enabling link workers good performance

Factors	No. (n=249)	%
Proper initial training	233	93.6
Periodical refresher courses	117	47.0
Efficient guidance from supervisors	167	67.1
Co-operation from health centre staff	198	79.5
Co-ordination of work from health staff	175	70.3
Encouragement from project officials	123	49.4
Recognition from community	218	87.6
Acceptance from the community	228	91.6

Table17. Additional facilities desired

Facilities	No. (n=249)	%
Financial benefits to compensate for their other activities performed by them	225	90.4
Educational kits	7	2.8
Minor drugs	6	2.4
Stationery	32	12.9
Personal benefits	114	45.8

Table 18. Opinions of staff for improvement in link workers programme

Opinion	ANMs (n=130)		Other health workers (n=138)	
	No	%	No	%
Honorarium to be increased	119	91.5	73	52.9
Timings should be increased	15	11.5	20	14.5
Training on diseases to be given	57	43.8	68	49.3
More stationery should be given	29	22.3	8	5.8
Should be made permanent	17	13.1	6	4.3
Personal benefits like uniform etc., needed	44	33.8	22	15.9

4.13. Perceptions of the Community on Link Workers programme

i. Socio- economic condition of the sample slums

Although most of the slums were mixed groups in terms of language, occupation, religion and caste and other social customs and habits many of them had its own peculiarities. The slums visited for the study were not homogenous and exhibited variations not only between the slums but also within a slum variations existed in their socio-economic as well as cultural characters. Each slum had it's own history as to how and why it has come in to existence. Many of the slums, which were originally villages (for example Puttenahalli, Aswathnager and Gangondanahalli), retained their rustic environment to a large extent. Some of the slums were part of the old village while the poor localities, mostly Harijan colonies of the village have turned into slums and the larger parts have developed in to a middle class locality. Typical examples of this are AK colony of Adugodi, Jardalli of Rajajinagar and Sultanpalya. Pipe line slum of T.R Mills and Milk colony of GD park have improved so much that it is difficult to classify them as slums. These slums

The slums are not homogenous and exhibited variations not only between the slums but also within a slum variations existed in their socio-economic as well as cultural characters

are small in area with 2-3 lanes and hidden behind the high-rise buildings. In these slums, the majority of the residents are still Harijans. Although the area is small, the density of population is quite high with cluttered ramshackle dwellings. Being the part of the urban residential area, the land value is high in these locations, residents of these slums rent out portion of their houses and this was reported to be a major source of income for many families. Besides, this has made possible for other caste people to gain entry in to these areas. Some of the sample slums visited had a different history to narrate. The slums like flower garden (Anjanappa garden) and Milk colony at GD park came up as a result of the migrant labourers, mostly Tamil and Telugu speaking. One of the residents of the Flower garden informed that " I am 60 year old. My father came from Tamil Nadu to work in Binny Mills while some others came to work in Minerva Mills, the entire area was a big irrigation tank. Anjanappa was the owner of this area who slowly converted this in to a residential place".

a. Caste composition

By and large, the sample slums are found to be multi-caste agglomerations. However it is also found that one or two religious caste or language groups dominate. As mentioned earlier, while in some slums migrant Tamilians dominate, Muslims or Harijans are in majority in some others. For example, in Kankanagara and Surabandepalya, majority of the residents were Muslims while the slums of Flower Garden, Arundhathinagar, Aswthantranagara, MR Palya have mostly Tamilians, Maya bazaar and GD park slums were having more Telugu speaking people and Sultanpalya had more of Kannada speaking residents. Other slums had people with a mixture of different language and caste character. ***The composition of these social groups had some influence on women and young girls.*** For example in Tamilian slums it was understood that majority of the marriages were love marriages and most of the girls get married as early as fifteen to seventeen years of age. This is mostly because men and women work together in construction sites. Women have more mobility and freedom compared to others. On the contrary, Muslim women work at home.

The composition of slums with different social groups had some influence on women and young girls. For example in Tamilian slums it was understood that majority of the marriages were love marriages and most of the girls get married as early as fifteen to seventeen years of age.

b. Occupation

In almost all the sample slums people were engaged in relatively low paid and casual occupations. These include petty business such as vegetables and fruits vending on carts, drivers of auto rickshaws or lorries, construction-related workers such as painters, masons, floor polishers and so on. As an exception at Vinayak Nagar slum a majority of them were devangas. They work as weavers for master weavers from Cubbanpet and other places. One cannot escape the noise of power and handlooms as one enters this slum. While some have looms at home, others work at the work-sheds. While men work as weavers, women assist men in the pre-weaving activities.

c. Job pattern of women

Although women, like men, worked in construction and similar jobs, it was revealed that women's job situation is slightly different from that of men in these slums. Moreover, the kind of jobs they could afford to take up was influenced by various social factors such as age, marital status, family compulsions and religion besides location of the slum, and more important, the availability of jobs. Large number of women from Tamilian households from Arundhathi Nagar, Flower garden and Swatantra Nagar, work in building construction activities. At the same time younger women with some background of schooling work in garment factories.

It was found that a majority of women work at home on *agarbatti* rolling, *pappad* making, *beedi* rolling and so on. Muslim women especially with small children combine household chores and the above mentioned income generation activities. Another major occupation of women from most of these slums is to work as housemaids in the neighbouring economically better off localities. It should be mentioned here that women in almost all the slums are the backbone of the family both in terms of economic support as well as day to day running of the family. However, men spend most of their earnings on liquor and other pleasures whereas women spend all their earnings to run the family and to bring up children.

ii. Relationship between the community and the link worker

The relationship between the Link workers and the community was ascertained by talking to Link workers, observing their interaction with the community and by talking to the

community members regarding various aspects of the programme in general and about the Link workers in particular.

The Link workers' relationship with different sections of the community was not similar. It should be mentioned here that the Link workers main points of contact are the target group or what is called as the eligible couple and more specifically the women with whom link workers approach and develop contacts. However it is also interesting to note that many a

> *" I want some method that my mother in law does not come to know therefore I will opt for copper T, and I will convince my husband saying it is good for the child's health and development"*

times, women are not directly approachable since their elders, husbands and in- laws control them. Thus it becomes important for the link workers to go through these people to gain access to women. Some times, this poses problems since the interests of elders and that of target women are in conflict, i.e., while most of the eligible women want to adopt some birth control measure, the elderly ladies at home (at least some) want to control younger women from taking any decision. Therefore there are a few instances where the younger women of the house is forbidden to interact with Link workers, lest the latter should enable the former to take freedom in decisions on adoption of a family planning method etc.. Such situations, at times, make the job of the Link worker difficult. However, some mothers and mothers- in- law who have realised the importance of the programme have volunteered to convince the men folk and have become SHE club members to help the programme. Thus there are different types of relation ship of the Link worker with the community starting from the most rigid to extremely co-operative community members. It was interesting to know how the link workers and women overcome this kind of problems. This can be well reported through live examples. During the field visits of the Consultant, while walking on the street, a young women with a small child of 8 months came running behind us and said " *Look sister, my mother in law has gone out of station. My husband will come only in the evening, I think this is the best time for me to know how I cannot get pregnant for 3or 4 years"* and when the Link worker accompanied her inside and after all the options were explained to her by the link worker she thanked the Link worker for giving her the information and said,

" *truly I did not know that there are so many types of methods to space children, if my mother in law come to know about my meeting you she will be very furious.*"

As one of the Link workers told, " We *have to work in very difficult situation in these circumstances. If this is the case of mother in law, we have number of cases of husbands who think that we give information to their women and make them independent. Men say that we spoil their women. While I say that we are friends of women who wants to control births, some men and elderly women consider me as an enemy"*

There are incidences of conflicts between community members and link workers. Many link workers informed, that they have to do their job very carefully as the success of the programme depends on the trust and confidence the community bestows on them.

There are also incidences of conflicts between community members and link workers particularly when the latter talk of vasectomy. However situations can be tackled, when they talk of tubectomy and other women methods. Many Link workers informed, that they have to do their job very carefully as the success of the programme depends on the trust and confidence the community bestows on them. However, as a worker put it, "B***ut you see, I have to have a lot of patience. I have to understand people's moods, their beliefs, values and so many other aspects".***

In this context, it is important that the Link workers are imparted some training on tackling with behavioural problems.

iii. Community perception of quality of services provided by the link workers.

During the focus group discussions, many aspects of services of Link workers and the perceptions of the community on the quality of the services rendered by Link workers were discussed. Most of the discussions were held with women who had received assistance directly or indirectly from these workers. When the women were asked as to what type of services were given and what they have to say about it, different types of reactions came through. By and large, women said that the services of link workers are most required and they are doing a good job. However when it comes to actual treatment at the government hospital, a good amount of displeasure was expressed. Some women perceive link workers as members of hospital staff while some look at

The quality of services given by the link workers is to be viewed more in terms of the personal relationship and trust developed between them and the women. Job of the link worker does not end at just motivating the women. They have to take them physically to hospital, assist them with their domestic work, spend for autos some times, follow up after the operation and so on.

them as social workers. The quality of services given by the link workers is evaluated more in terms of the personal relationship and trust developed between them. As many women informed, *"I was very scared of operation. Moreover, I did not know how good the treatment at government hospital would be. Because of the sister(link worker) every thing went on well I am alright now".*

A positive impact of the extent of trust gained from community is the demonstration of the effect it has on other women. Furthermore, with growing faith with the Link worker, many women have been of good help to the workers, especially in motivating other women in the community. During the focus group discussion, one of such women looked at another lady who had three children and said, *''I would have become like you if I had not undergone operation.. I would have conceived two times by now''*. She looked at the Consultant and said, *"all credit goes to sister who personally took me to hospital, looked after my child whole day, and gave me all the information and support I needed"*. As a reaction to this, the Link worker informed, *"yes, our job does not finish at just motivating them. We need to take them physically to hospital, assist them with their domestic work, spend for autos some times, follow up after the operation and so many other things"*

iv. Levels of community's awareness of link workers roles and responsibilities

During the focus group discussions and informal talks with the community members, they were asked to mention what they understand as the roles and responsibilities of the link workers. Majority of the women reported that the link workers are:

- one of the staff of the Government hospital
- they inform us about the dates and venue of the immunisation
- they inform us of the venue and date of ANC, PNC and operation
- they also advice us on small family
- they distribute tablets to get strength and blood
- they give nirodh, and Oral Pills
- they go around the slum and survey the families
- they accompany us to the Health Centre in need.

The community members have a fair understanding of the roles and responsibilities of the link workers. Besides link workers are so close to them that they have free interaction and clarify any of their doubts. Many times they convince the elders and husbands. Above all, they take responsibility for the problem of women for which Hospital staff do not have time or patience.

Many of the community members informed that the role of the link workers is to provide information relevant to health and family planing. Thus, the community appears to have a fair understanding of the roles and responsibilities of the link workers. In addition to this, it was also reported that the link workers are so close to them that they have free interaction and clarify any of their doubts. '*they have time for us. Many times they convince our elders and husbands. Above all, they assure us, take responsibility for the problem if any. Hospital staff does not have time or patience for all this*'.

v. Extent of community participation in the programme

Information regarding the extent to which the community has been able to involve in the programme was inquired during focus group discussions, interviews with SHE club members, NGOs and also with direct beneficiaries. By and large, the community feels that they have a stake in the programme as beneficiaries of the programme. Since this is a government programme, this understanding is all the stronger among the sample population. Most women expressed that since we are poor we cannot contribute financially. In fact, it appeared that accepting the contraception itself is for the benefit of Link workers and government, so much so that almost all of them expect free service and also some compensation. However one could perceive an extensive level of community participation in the programmes like immunisation, health check ups, conducting meetings and information dissemination. In all these programmes some households provid space, particularly an NGO or community leaders who had some space. Women and elderly children also participate in cleaning the premises, provide chairs for the staff to sit. Many times some one or the other provide tea also. Most of the times the SHE club members and the community also mobilise and motivate the mothers and pregnant women.

One could perceive an extensive level of community participation in the programme in immunisation, health check up, conducting meetings and information dissemination. Link workers find ways and means to involve community as partners rather than being mere beneficiaries

In spite of the attitude of the community of "not giving but to receive", Link workers find ways and means to involve community as partners rather than being mere beneficiaries. Most link workers talk to SHE club members to find out the resources available in the slum, they meet local leaders and explain the programme and also tell them that they should actively participate in the programme. Many Link workers said that people think that they are poor and

cannot help but they have large heart and are very affectionate. At Bhuvaneshvari Nagar slum the link worker showed a house which had a large room which is used for health check ups and immunisation. The woman of the house said that " *I am very happy to give my house to this good deed, when the Link worker came and asked me to provide this place for helping people we agreed readily. You should see on the day of the programme I provide space, some people help to clean the place, others get water ,or tea. After all these programme is for our benefit*"

Thus, community members participate in their own way and in most cases help comes in kind. However community's perception of 'contribution' appears to have been understood as donating money. Most of them say "*we don't contribute any thing*" because they don't contribute in cash. *However, Link Workers who are from the local community can be viewed as a contribution of the community towards the achievement of the Project objectives.*

vi. Community's perception of the limitations of the programmes.

Although the community members felt that the programme is very useful and Link workers as beneficial they also pointed out many limitations of the programme. By and large, community feels that the programme is good and beneficial and need based. However, when actual treatment by the staff at the hospital is concerned, they feel it needs improvements. "*The Link workers promise us good and free treatment, but when we actually go to the hospital people at hospital are very rough and treatment is not free. When we go with out any money, it becomes very difficult for us to mobilise funds at the last minute*". Many women complained that the hospital does not provide medicines. Instead doctors prescribe medicines and are to be purchased from the market. The most frequently asked question was "*why should we go to government hospital if we have to pay for all the services which are supposed to be free ?*".

Thus many times efforts of Link workers to motivate women to utilise the services of the government hospital is jeopardised by lack of drugs and bad treatment at the hospital.

Another important factor mentioned by some of the slum dwellers was that the Health centers were far away. However, efforts are made by Link workers to serve these beneficiaries during out reach Clinics organised by Health Centres.

4.14. Perceptions of direct beneficiaries on the Link workers programme

The direct beneficiaries of the programme are those who have received services from the concerned link workers directly. The experiences of these women would throw ample light not only on the type of services provided but also on the quality of service offered by the Link workers. Furthermore, direct beneficiaries are expected to comment clearly on the effectiveness of the health service as they are the ones who have used such services. Direct beneficiaries included:

- Women motivated for contraception
- Women with children eligible for immunisation
- Pregnant women receiving iron and folic acid tablets as well as TT injections
- Users of different types of contraceptive devices including oral pills, condom, copper -T and sterilisation.

Direct beneficiaries were chosen from five of the 26 (including the case study slums) sample slums.

i. Type of services received by the beneficiaries

The beneficiaries interviewed were contacted mostly at their houses or at Anganwadis. In each of the above sampled slums all the categories of beneficiaries were interviewed. Many of them explained the role of Link workers and the type of benefits the programme has brought to them. Broadly speaking, the major benefits derived from Link workers as reported by most of the direct beneficiaries were,

(a) They provide useful information at the right time;

(b) They are available at the beneficiaries' door step to remind them on immunisation camps, health check up camps;

(c) They provide regular follow up service regarding IUD insertions, replenish OP and condoms;

(d) They accompany us to health centre whenever needed.

As a woman explained ,

"I have three children and my husband is a drunkard. I don't remember the dates of immunisation or health check ups. Every day is a problem for me as my husband beats me up. I feel like committing suicide but you see I have to live for the sake of my children. If I die they will become orphans. This sister has came like a Goddess to our area. She comes almost every

day and gives us information about the immunisation. She even helps us to take children to health centres. Last year just after one year after my third child was born, I got pregnant. I did not want any more children... when I have no strength to feed these three, how could I have one more? At this time this lady (link worker) visited and convinced me that I could get aborted and then undergo operation immediately. After I had my operation done, she came almost every day to enquire about my health. I am fine now."

Most of the women in the slums had almost similar attitude towards link workers. A large number of the sample women confided that they had very vague ideas of contraception as there was nobody to provide correct information on such topics. However, they said that, link workers have been of great help to get information on the appropriate method of birth control.

It is interesting to note that women at large, do not want to have more children or bear children with closer intervals. But there are a good amount of obstacles to maintain this. The major ones that could be identified were:

- Lack of required information for these women
- Inhibitions and false fears
- Discouragement from men folk including husbands/ male family members and others
- Fear that any attempt to limit or space children would incapacitate them to face day- to-day problems of running the family.

Regular contact with link workers gives them the much needed opportunity to confide and discuss about any personal health problems and helps them to develop good relationship. Each time the link workers visits a lane, she makes it a point to remind women to use tablets besides enquiring about their health and other matters. This not only increases their compliance levels but also help instil a sense of seriousness of the need for utilising the services offered by the link workers

Those women who get condoms and oral pills supplied at their houses are very happy. Link workers not only supply the contraceptives they also follow them up regularly. Each time the link workers visit a lane, she makes it a point to remind women to use tablets besides enquiring about their health and other matters. This not only increases their compliance levels but also help instil a sense of seriousness of the need for utilising the services offered by the link workers. Moreover, the regular contact with link workers gives them the much-needed opportunity to confide and discuss about any personal health problems and helps them to develop good relationship.

ii. Beneficiaries access to information

It was found that the beneficiaries access to information has increased considerably due to regular contact with the link workers. The knowledge so earned gives them enough confidence to deal with their husbands and mother in laws. Many women said that the worker is like their own `family girl' and feel free to talk to her intimately. Elderly women unduly scare younger women about complications of Copper T, sterilisation operation or oral tablets. Link workers have a major role in clarifying these by explaining how these are only false beliefs. Link workers act as facilitators for their clients to make informed decisions. Many women reported that the link worker is like their own `family girl' and feel free to talk to her intimately.

Link workers act as facilitators for their clients to make informed decisions. Many women reported that the link worker is like their own `family girl' and feel free to talk to her intimately.

iii. Difficulties of link workers in accessing benefits to the community

Any social intervention activity such as Link Workers Scheme would entail a huge effort on the part of those directly involved to gain social acceptability from the community. Most often, the process is painful and disappointing for the workers who spend all their skills and patience to gain people's trust and confidence. This is especially so when the clients are women who are mostly semi-literate, very poor, major family earners with lots of mouths to feed and take on the responsibilities both at home and outside. In the light of such situations, most of the Link workers appeared to have more or less crossed the major formidable bridge of being accepted by their clients. However, it is just one of the obstacles. First of all, almost all link workers have experienced a variety of problems to gain social access and acceptance from the community. They had to spend quite some time to build up the trust, which is so important in their daily routine.

As mentioned earlier, the situation of women in these slums is so critical that the link workers have to work hard to make women feel the need for the services or create demand. This process is not only difficult but takes a long time. The exact time required to achieve the results cannot be estimated. However, the pressure of target given to them does not take these things in to consideration.

iv. IEC strategies adopted by the Link workers

Besides the information collected from Link workers and reported earlier on this aspect, during the field visits with the Link workers, an attempt was made to find out the types of communication strategies employed by the link workers and their effectiveness. By and large, the link workers used interpersonal communication with the community as well as beneficiaries. Given the overall situation of the slums in terms of lack of space and lack of time, for women to spend time out side their survival activities, the link workers go from house to house and contact them while they are nursing their children, cooking, or engaged in other household chores.

Given the overall situation of the slums in terms of lack of space and severe lack of time for women to spend time out side their survival activities, the link workers go from house to house and contact them while they are nursing their children, cooking, or engaged in other household chores.

An important spot where women could be easily met is the Anganwadi. Most mothers come here to receive bread every day at noon. Link workers use this opportunity to discuss various topics such as nutrition, immunisation or motivate for contraception and so on.

Link workers strongly feel that the interaction with women should be at one-to-one level as the entire programme depends on gaining individual trust. Accomplishing this feat at the outset would greatly help in addressing their other important strategies, namely :

- Clarify doubts
- Clear up false notions
- Remove unfounded fear
- persuasion

One of the link workers poignantly described the plight of her clients thus :

"None of these women want to have more than one or two children. But very rarely do they come on their own for any birth control measures . We have to go and tell them so many times. It is not because they want more children but most of them live in such miserable conditions that they don't plan any thing at all in their lives.. so why plan birth control ? If economic problem is one big problem there are social pressure of getting male children. If they have boys then there is pressure for girls."

Link workers are given a flipchart and a set of reading materials for their regular use. Although many link workers said that they regularly use these for educating women, many did not appear to have used them often. Many women did not remember to have seen this being used by the link worker.

The strategy used by many link workers for communication is one of persuasion than education. When a pointed enquiry was made about the communication strategy "frequently used and why", the reactions of the link workers were interesting. 'Simple talking to them in their own language, showing our faces every day and repeatedly saying the same thing with out losing patience' appears to be the major steps.

Simple talking to women in their own language, showing their faces every day and repeatedly saying the same thing with out losing patience appear to be the major communication strategy adopted by the Link worker

Many link workers informed that, *'we refer to the flip chart whenever we feel that women need some visuals to understand. But however often we show them, they forget'.*

4.15. Networking with NGOs

NGOs play an important role in the success of any community development programme. It is extremely important for the time bound projects such as the present one to strengthen the local NGOs for accomplishing sustainable results. With this in view, the project has tried to collaborate with NGOs operating in the slums. Furthermore, new women's clubs referred to as SHE clubs (Social, Health and Environment clubs) have been set up under the project which is expected to enhance the communication levels among the beneficiaries as well as address their problems more effectively. In the following paragraphs it was attempted to discuss the types of NGOs working in these sample slums and their functional relationship with the programme.

For the present study NGOs operating in the five slums Sarabandepalya, Flower garden, Milk colony, MRS palya, Vinayaka Nagar were selected.

SHE clubs were established in three of the five slums only. In all the five sample slums, one or the other NGO was working. While Flower Garden had three of them, Sarabandepalya had only one NGO organised by a mosque.

i. Characteristics of NGOs

To some extent, these NGOs differed with each other in their character and functions. On the other hand, SHE clubs are women's groups set up and organised under the programme with the initiative of the Link workers and the staff of the Health centers. The broad objective of these clubs is to strengthen women in slums to participate in the programme more effectively.

Masjid Ilahi is an organisation established for the welfare of Muslims and is particularly engaged in religious activities. Presently they run Koran classes and other religious discourses. However they plan to take up other development activities for the slums in future.

Mahila Milan, reportedly started with government initiative for organising women for savings and credit. There are paid volunteers from the slum itself who would organise *Mahila Sanghas* and implement small savings schemes. It seems that there are more than 500 women from the area engaged in this activity.

Maya is an NGO with the main goal of eradication of child labour. They organise women into *sanghas* and educate them on the value of sending children to schools, run vocational educational programmes to children in the age group of 15- 20 years and run Crèche for younger children.

Milk Colony Club has been originally a sports club which has extended its activities to income generation for women through tailoring and nutrition classes. This is essentially a resident association.

Karnataka State Council for Child Welfare (KSCCW) is a registered body under the Social Welfare board and is well known in the field of Mother and Child Health. They train Anganwadi workers, implement community health programmes, and train women in various health issues. KSCCW has a child sponsorship programme in the sample slum.

Rastrothana Parishat is an organisation involved in educational programmes. The NGO runs informal education programme for women and school dropouts. A woman works on part-time basis in the slum and is paid an honorarium of Rs, 400 per month to conduct literacy classes in addition to develop good habits and clean environment in the slums. Free books and other materials are distributed to the needy under its non-formal education programme.

Shantha Jeeva Jyothi (SJJ) is another NGO implementing both government and other donor funded projects. SJJ has a vocational training center for training women in typing. They

also run a Health center in the slum with a part time doctor and other support staff. SJJ is also involved in community health, family planing and women's development programmes.

ii. Functional relationship between the NGOs and the Link workers

By and large all the NGOs are involved in community development and health programmes in one way or the other. In all the sample slums, the NGO representatives and SHE club members were interviewed with the help of a checklist comprising specific issues related to the nature and extent of their collaboration with the link workers and the programme.

Link workers and these organisations work very closely as many of these organisations are also involved in similar activities. Due to this common interest, there is mutual cooperation and assistance on various aspects.

Link workers and these organisations work very closely as many of these organisations are also involved in similar activities. Due to this common interest, there is mutual co-operation and assistance on various aspects. For example SJJ is directly involved in immunisation and antenatal care. They have a building to conduct activities of health check ups, immunisation, women's meeting s and so on. The health worker happens to be the ex-employee of the organisation and has been able to get good co-operation from them in terms of identifying the eligible couple, providing space and staff for the weekly immunisation and health check ups and also in distributing the oral pills and condoms. SJJ has three animators who also work like link workers. They are together in almost all the activities. Similarly Mahila Milan and KSCCW too have such volunteers.

Discussion with NGOs particularly regarding the quality of the programme and the co-ordination at the programme level revealed there were some apprehension regarding the functioning of government health staff members. Most NGOs are of the opinion that

" We have had bad experiences in the past. We have no problems of assisting them in any manner. It so happened that with great difficulty we motivated some women and referred them to government hospitals for delivery and other services. But these women were not treated properly". When it was probed as to what they meant by 'not treating them properly', they explained that:

"The attitude of Govt. staff is not very helpful for the success of the programme. That is why we still have hesitation to identify ourselves with the government programme.

"When we motivate our clients, we assure them of good treatment. But the moment they go to government hospital the staff don't respect them as human beings, and are very rough with them. When we go to their houses they respect us and offer us tea. But when they come to us what right do we have to treat them badly? Should they have to put up with such bad treatment?

One important aspect of all these NGOs is their contact with the grass root level and the way they combine health and income generation programmes which has a potential to get more co-operation from people. For example the Mahila Milan programme provides access to 500 women, one of the KSCCW programme caters nearly 1000 women. It was evident from the discussions with the link workers that they realise the advantage of collaborating with the NGOs and they are making all efforts. The NGO representatives also expressed the fear that the link workers should not become like typical hospital staff. Furthermore, they should be allowed flexibility and freedom and should be encouraged to continue working with the same attitude.

The NGO representatives also expressed the fear that the link workers should not become like typical hospital staff. Furthermore, they should be allowed flexibility and freedom and should be encouraged to continue working with the same attitude.

However, most of the NGOs feel that the link worker's programme is very useful and needed much for educating women in contraception and promoting small families.

iii. SHE Clubs

Inferences in this section were collected not only from the three SHE clubs in the sample, but consolidates the general information collected from all the 21 sample slums through informal talks with the link workers while walking through the slums or while waiting for the respondents.

During the talks with link workers and the SHE club members it was found that almost all of them knew very little about SHE clubs. Surprisingly the link workers did not even know what does SHE stands for. Most of the link workers understood SHE club as a team of community leaders who could help them in establishing links with the community and also assist them in their day to day work. When the link workers were asked to identify the SHE club members in one slum they would say that there are only two members, in another three, or in the third she could remember only one because the second one has been totally inactive.

However, in all the three sample slums, SHE club members did work as link between the community and link workers. They assist link workers in identifying pregnant women, newly married couple, women who have come back after the child birth and also new comers in the slums. They participate in immunisation and other programmes in motivating people and safe guard link workers from anti-social elements and other untoward situations which are bound to be encountered as being women on the move.

The majority of the active SHE club members reported to be some sort of natural leaders. They carry some weight in the community. Women come to them for advice on various issues. Many of them have even received some orientation from the hospital staff. These persons did not remember the details of the orientation in terms of what was taught to them and who and for how long. All that they could report after recalling with great difficulty was:

" *we were asked to do some social work, motivate women for contraception, and help the link workers. I think it was the sister and the doctor who spoke to us about the small family and the importance of good health*".

Gowramma, a SHE club member who was interviewed, is an elderly women aged about 50 years. She is a widow, has three children all grown up and earn for themselves. She has studied up to 5th standard. Looks very confident and strong. According to her, "*I am doing some help to people not only after I became SHE club member but before that also. I take people to hospital if they are sick and do not have any one to accompany them. I help in bringing up small children like giveing them oil bath. I also help in admission of children to schools. In our street all are Tamilians and respect me. If I ask the parents to get their child immunised, they fully co-operate and follow what I say . They all know I do it as a social work for their own good. When I was asked to become member of hospital club I said ' yes' because I am already doing similar work*".

4.16. Case studies of selected successful link workers

Case studies of five link workers were conducted to understand how they could become successful in their efforts compared to others. Specifically, efforts were made to find out strategies employed by these workers, how they manage their social life along with their responsibilities as link workers, and what does this job mean to them, among others. Each case was drawn from different UHFWCs with the list of successful workers provided by the Project office. Selection of only five workers for the case studies had given rise to some concerns and questions about picking the selected ones and studying them. Some of them had already made inquiries with their medical officers as to why they were subjected to this special study and whether it had any implication on their job situation ? Therefore, the first task was to convince them that they were selected on a random selection basis for the sake of case studies as all the link workers could not be studied. Secondly it was made clear to them that all the information collected will be kept strictly confidential and no where their names or any other identification will be revealed. This explanation helped them to be relieved of any apprehensions and also made them to be free and frank. In the following sections, cases of five such link workers are narrated. Needless to mention, the names of the link workers are not real and have been changed to maintain the confidentiality.

Case 1 Seetha

i. Socio economic background

Seetha is 32 year old and has two children of 16 and 14 year of age. She has studied up to SSLC and is married for 17 years. Seetha has worked as link worker for 3 years. Her two children are studying in school. She has lived in Bangalore all through her life, and her husband works as a mason. She is a lady of confidence. She looks strong and has bright eyes and a healthy look and is smartly dressed. It is difficult for one to fathom the type of problems she undergoes by just looking at her. Seetha had never worked before. This is her first job. She comes from a big and economically not a well-to-do family.

ii. Training and other exposure

She has been given five days on-the-job training at Kodandarampura training center. This is her first exposure to a professional activity. She again underwent a refresher course in

the same place. Both the times she was taught various aspects of health and family planning. .Seetha said that at the time of the training she had a mixed feeling. She was excited because she was imbibing a new job, new information and knowledge, interacting with other women and the health staff. She was also scared because of the challenge she had to fulfil both at home and on the job.

"I myself did not know any thing about the subject. I underwent a sterilisation operation soon after my second child. I was very scared at that time, my mother and sister stood by me. I have even forgotten about those days now. But one thing is very true... I did not want to have more children".

Seetha says that she was taught the following in her training programme:

- Contraceptive methods and their usage.
- How to interact with the community and motivate them for the services
- Enlisting the eligible couple
- Nutritional requirement of pregnant women and children
- Care of pregnant and lactating mothers including the immunisation.
- And many other related aspects.

She has read all the booklets and reading materials given to her and even now refers to them when needed.

iii. Reasons for taking up the link worker job

In the case of Seetha, joining this job has been quite an effort. She said,

"From the beginning I did not want to while away my time. Both my children are grown up and go to school. What am I to do at home? Moreover I need money. My husband has been always against me working out side home. When I came to know about this job I did not think that I would get it. I came secretively and met the `sister'. I was interviewed by the IPP staff and got the job. Then my problem was how to inform my husband ?. I made up my mind to take up the job. I simply told him that I am going to work from tomorrow. My husband is a drunkard. Every day he comes home fully drunk. Any trivial thing can become complicated and children can get beaten up. In the beginning I had lot of problems. I have promised him that nothing goes wrong at home because of my job and the day my job comes in the way of his comforts I would quit.".

iv. Dual role management

Seetha manages her house and the job very well. It is no doubt, hard and long hours of work. Her daily routine begins at 5 am. She narrates :

" I get up at 5 am and wake up my children. My son goes to distribute newspaper and my daughter helps me at home. I start cooking, cleaning, and washing side by side. I prepare for my husband's bath and for his breakfast. He goes for a walk. My son comes back by 7.30 am. Both children get ready for school.. I prepare their lunch boxes and they go to school. By this time, it is past 8 am. I take twenty minutes to get ready which includes my bath, dressing, closing the kitchen. At about 8.45am I leave home. It takes about ten minutes to reach the hospital and before 9 am I am inside the hospital. The first thing I do is to sign in the register and then if there is any writing work pending from the previous day I finish it and wait for the doctor and other staff who would instruct me about the day's work. At about 9.30 am I leave for the field, my slum. In the beginning it took some time to introduce myself and get accepted by the people. But now people know me so well that I do not have problems interacting with them. I cover about 45 houses in a day. I visit houses lane-wise and cover the following activities:

(a) Follow up pregnant women;

(b) Inform about time and venue of immunisation programme;

(c) Follow up T B cases;

(d) Motivate for sterilisation;

(e) Distribute condoms, OP, ORS, FS;

(f) Inform about outreach IUD camps;

(g) Meet women at Anganwadi and assist Anganwadi worker in nutrition education and also address women in mothers' meeting

By this time, it is 12-30 PM. Although I plan to go back to hospital invariably women wait for me to accompany them to hospital for treatment. I take them there and request the staff to attend to them. I then begin filling my daily records and return home by about 2 PM. I have lunch at home and complete any household chores left out in the morning by which time children return from the school. I attend to them and begin my evening routine of cooking dinner. My husband returns at about 7 PM, fully drunk. The entire home is so tense. We talk in very low tone. I serve dinner to him first and then my children and I partake. In spite of being very careful my husband loses temper for flimsy reasons and

creates a big scene in which the children are the victims. In the beginning, I was also beaten up for trivial reasons. Nowadays, he hesitates to beat me. I think that my earning status and interacting with outside world may have prevented him from such actions. After dinner, I give my full time to children's studies. Then I clean up kitchen and attend to other chores at home and go to bed around 11.00 PM".

vi. Job satisfaction and expectations

Seetha is very much satisfied with the job she has at hand. She needs this job not only for economic reasons but also to have diversion from her household problems. She says *"I can earn thrice the amount of what I get here if I take up work as a housemaid. But I will not have the satisfaction, Now I have a feeling of achievement and I want my children to lead better lives and hence the type of exposure and the job I do is extremely important. I feel that the job I do will help women to have at least some control on their lives. More important, it is the amount of exposure and knowledge I have gained myself has given me a good amount of satisfaction and self-confidence. And this, to a great extent, has equipped me to carry out my work with courage and conviction. I feel elated when people call me as `doctor' when on duty and ask for information on immunisation dates or other matters related to their health. To this extent, I am quite satisfied with the nature of job I do."*

...More important is that the amount of exposure and knowledge I have gained myself. This has given me a good amount of satisfaction and self confidence.

While Seetha is extremely satisfied with her job as link worker, she also says that her job is not only insecure but is devoid of many benefits which would have given her great strength to perform much better.

On the job front, Seetha feels that the scope of her activities has widened since her joining the project. She says that many tasks, which were not included in her responsibilities in the beginning, have been added. These include more paper work and many times the health staff pushes a lot of their work on her. Besides, she is also given additional assignments in immunization and other camps. Seetha feels that these additional responsibilities is in no way are compensated either monetarily or through any other benefits.

vi. What makes her the best worker

Seetha has innate capabilities. She said " *I always find my way to success. Even in school I was recognised as a leader. I make a good bargain. Whenever my family members go for big*

shopping for marriages I will be taken to make good selection and bargain the price". "I have been able to perform better because I forget my home the moment I get out of the house. I only think of my job, my people and other aspects. In the beginning I had lot of problems primarily due to the indifference of people. The hostility of men used to depress me the most. When once I spoke about vasectomy to a family where the women was a heart patient and already had 3 children, some men as well as women became furious. They told me not to enter the slum. For some time I did not go in to the slum. It so happened that women had an abortion and the case became serious. Exactly at that time I decided to go and find out the situation. They immediately asked for my help. I helped her to get good treatment and recover. Although it was only a coincidence, this brought me very close to the community. However one should retain the trust. Generally people are very good if they come to know that we work for their benefit they definitely co-operate with us".

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According to Seetha, " *a good link worker is some one who has a smiling face, has capabilities of understanding peoples problems, has patience to listen to others, interest and commitment in the job and never lie with them. However, finally for the treatment we have to personally accompany them to hospital*".

Seetha also said that, in order to establish good rapport with the community, she helps her women clients, in personal matters. These may include running petty errands like physically helping women or their children and even to guide on matters such as availability of ration in the fair price depot, and the like. With regard to the attitude and the quality of the staff at Health Centre, Seetha had apprehensions and refrained from further elaboration.

'... a good link worker is some one who has a smiling face, has capabilities of understanding people's problems, has patience to listen to others, interest and commitment in the job and never lie with them'.

Case 2

Tara

i. Socio-economic Back ground

Tara is 39 years old with a pleasant, yet serious face. She talks fast but firmly. She has studied up to SSLC and is married to a government employee. She has a daughter studying in college. She had earlier worked as a tutor at home, teaching primary school children. As a link worker she has worked for 4 years. Tara has a good milieu at home and an encouraging husband.

ii. Reasons for taking up the job

Reasons given by Tara to take up the present assignment can be elaborated in her own words.

"I joined this work as a coincidence. The area ANM had come to survey our area and met me and asked if I am interested in the link workers job. I spoke to my husband about it. He was very keen that I take up this job. Next day I went to meet the doctor who referred me to IPP office, I was interviewed and got the job" Tara was always interested in the job involving public contact. Tara's husband always advised her to do some thing to widen her knowledge. She thinks this job gives her this. She says, *"I also want to earn my own money. Whatever my husband earns is sufficient to run the family while I spend my earnings for my daughter and myself".*

iii. Training

Tara underwent link worker's training at Kodandaramapura for five days. She says that she was trained in the areas of understanding, interacting and motivating community members to participate in health programmes including family planning methods, immunisation etc, besides other aspects.

iv. Daily routine

Tara wakes up at 5.00 am has a wash and makes coffee for herself and her husband. Then she immediately goes for bath . she said, *"I do pooja every day, as we are Brahmins this is important. Only after pooja I start other chores. I take about 3 hours for cleaning the house,*

washing clothes and vessels, and cooking. I have to do this every day. Ours is a small house and I want the entire work to be completed by 8.00 am in the morning. I get ready and leave home at about 8.40 am. and walk up to hospital. I am always at the hospital at 9.00 am. As soon as I reach the hospital I sign in the register, wish others, wait for the doctor and sisters for their instructions if any, and leave for the field".

Tara is a very active person. During the visit with her in the field it could be seen that she is very familiar with each and every women in the field. Tara speaks Tamil, Hindi besides Kannada, which is her mother tongue. As she moves from one lane to another she changes her language spontaneously. Whenever she approaches Muslim women she speaks in colloquial Urdu and the moment she sees a Tamilian women immediately she switches over to Tamil. She explains her field programme to me. She concentrates mostly on eligible couples and move by lanes and attend to each and every house in that lane. During the visit gives information on the immunisation and health check ups. And follows up copper T and sterilisation cases wherever they are. She was narrating "*...I go to houses having pregnant women and inform them for check ups. I once again repeat and tell them that they should eat greens, sprouts, ragi without fail. I go to houses where women have not yet made up their mind to adopt any contraceptive method. I sit with them and try to motivate them by talking with them intimately".*

During the visit to a family with her the reaction of a mother was, "*You are back again !! Didn't I tell you not to come and spoil my mood ? Look.. my daughter is still young I have only one daughter and we want more children. It is our family matter ...we somehow work hard and bring up our children... we will not send them to beg in front of your house".* Tara stood and smiled at her and began to talk to her daughter totally undisturbed.

According to Tara this kind of cases are common every day and they face this kind of situations. She also said this takes lot of her time. She said ,"We have to be very patient" . At about 12.30 PM. she winds up her fieldwork and goes back to hospital. She writes her daily report, reports to the `sister' and doctor on the day's work .By this time it is 1.30 PM.

v. Job satisfaction

Tara is very happy with her job as it involves contact with women and helping them.

"*...when people recognise me on the road and wish me I feel nice that I am doing some thing important*

....." The best part of this job is the exposure to women's life in slums. If I can help one women to control birth I feel greatly satisfied. because I know how much suffering it causes to her".

and useful. People give me lot of affection. Moreover, this job has given me lot of knowledge and self-development. I was as ignorant as the slum women were. Now I feel I know some thing that I can share with others and this gives me lot of good feeling. The best part of this job is the exposure to women's life in slums. If I can help one women to control birth I feel greatly satisfied because I know how much suffering it causes to her".

Tara, like Seetha, feels for increasing honorarium and other benefits essential to keep their commitment and motivation intact. According to Tara "*... a good link worker is one who understands the objectives of the programme. We should not be just target oriented. We should have interest in the job. It is extremely important to adapt to the effective communication strategy, We should not have superiority complex and make them inferior. We should build confidence in them. I try to follow this in my job".*

> ***"...a good link worker is one who understands the objectives of the programme***

Case 3

Usha

i. Socio-economic background

Usha is an young lady of 32 years with a child of 6 years. Her husband works in a private factory. Usha has studied up to 9th standard . Her dream was to study and become a doctor as she comes from a large and educated family. Unfortunately she lost her father when she was in 9th standard and nobody took care of her. She had to discontinue her education. Before coming to work as link worker she worked with an NGO involved in literacy programme for 2 years. She is working as a link worker only for 1year 6 months.

She has been trained in Kodandaramapura institute for 5 days. She was trained in community survey, care of pregnant woman and childcare, contraception types and uses, immunisation and interpersonal communication and general health issues. This was a good exposure. *"As I had no knowledge of any thing, this training gave me a basis for my job".*

ii. Reasons for taking up the job

Usha took up this job for various reasons. She explains *" this job is giving me many things, when I got married I was very young, my brother made a statement that I should not get*

pregnant for some years. I wondered why he said that and how to avoid getting pregnant? Immediately I got pregnant. I did not how to take care of my self in 9th month and had a still birth. This was a turning point in my life. When I came to know about this job through a friend, I thought I should not give up this opportunity and immediately took up the job. Besides this, there is money aspect to it... I need money to run the family. Whatever my husband earns is insufficient to run the family and also the schooling of our child".

iii. Daily routine

Usha's day begins quite early in the morning at 5.00 am. She has a hectic schedule. She explains, *"Both I and my husband start the work together. I have a very understanding husband who helps me in looking after the child and also household work. By 8.30 am all three of us leave home the child goes to school and we both, to work. At 9'O clock, I reach hospital, as usual sign in the register, wish the colleagues, take instructions from the seniors and leave for the field"*

Usha spends a lot of time with the women educating them and giving them information about their health. She thinks this is very important as women lack access to right type of information on their own body functions such as menstruation, pregnancy and child birth. There are lots of misconceptions and wrong notions about female body among these communities. According to Usha it is extremely important to address these during their interaction with the community.

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She explains that her routine is a mixture of so many things, like survey and registration of pregnant women, motivation for contraception, information dissemination, follow up of cases who have undergone operation or copper T and so many small things which comes unexpectedly.

In principle, all women want small families but their situation is such that they cannot get out of the problems so easily and act quickly. Women lack support in all respects.

In order to make the work more manageable, Usha says that, " *I have divided the area in to different units, I make it a point to go to all the houses of my target group in each unit.*

Each unit may cover 40- 50 houses". She explains "*In each of these houses there are pregnant women, children for immunisation, some times, for the same women I have to convince about the contraception either for copper T or oral pill or condom or immunisation of her child. In the case of a women with 2 or more children I have to motivate her for the operation. This is not easy always... these women have lot of practical problems. In principle, all women want small family but their situation is such that they cannot get out of the problems so easily and act quickly. Women lack support in all respects. Men here don't bother about anything because no men think that they have any responsibility for bringing up the children. On the contrary women can never shirk from this responsibility in any circumstance. This has put women at a most disadvantageous position. This has a lot of bearing on our job profile. We have to talk to women, I don't know how many times, to get out of this vicious circle and get operated or advise them to stop giving birth to more than one or two children"*

If she enters the slum around 9.30 in the morning she works up to 12.30 p.m.. In the slum , the time allocation with regard to each household or each part of work depends on the situation. She said "*some cases take lot of our time, even to take the child to immunisation we have to go and remind them several times. Some are easy... they come on their own if we give the time schedule just once. Similarly for contraception some come voluntarily while for some others I spend a lot of time convincing the husband, mother in law ,father in law and who else....*", she smiles.

"By about 1.00 PM I wind up the field work and get back to hospital. Hospital is only 5 minutes away from the house. When I get back I need to write my report on the day's work go back home by about 2.00 PM. When we have immunisation, health check ups I work longer hours. In those occasions, it becomes extremely difficult to make some arrangement for my son to stay with some one. I get home extremely tired. Moreover, my workload has increased compared to what we used to do in the beginning ... a lot of record writing work has been given to us".

iv. Job satisfaction and expectations

When Usha was asked what is the level of job satisfaction she experiences and why? she thought about it for a minute and said "*I wanted a job which would increase my knowledge about my self useful for my life. If it were only money I could have earned in some private firm of some other job. For me this job gives satisfaction because, there is recognition, respect from*

the community and feeling of being helpful to women. Greatest satisfaction I have is that I have self-development along with helping others. My only dissatisfaction in this job is low financial gain and total absence of other benefits. For the work I do what I get is nothing, I can proudly tell you that whatever achievements this programme has been able to achieve is because of the link workers." She remembered that many of her colleagues left the job on this grouse.

v. What makes her a good link worker

According to Usha the job of a link worker requires certain special personality qualities as well as skills. Three things essential for the link worker to posses are patience, convincing ability and empathy.

Case 4

Uma

i.Socio-economic background

Uma is 30 years old looks tired and worried. She does not look straight and talk She stares at the floor and replies. Listens carefully and answers. She has studied up to SSLC. Uma has worked as a teacher for 3 years in a private nursery school before joining as link worker. She has three children, aged 14, 12 and 11 years. All three are studying. Uma has already worked for 4 years as link worker. Her husband works in a private company. He has studied up to 8th standard only. She has a lot of family problems due to her alcoholic husband.

She was trained on the job at Kodandaramapura institute for five days. As the area of health itself was new to her, this training gave her a good basis to start the work. She remembers that she was taught about different types of contraception and their uses, how to detect pregnant women, care of the newborn, and immunisation schedule. She was also taught to conduct community surveys for eligible couples and methods of interacting with the community.

ii. Reasons for taking up the job

For this question Uma said, *"When I got my last child I was not able to continue my job I was sick... family condition was very bad... I tried to do some odd job or the other to get some*

money. After some years I decided to take up regular job and I started looking around . I came to know about this job. I met the doctor of this hospital who referred me to IPP office. There, I was interviewed and eventually got the job. I am one of the senior most members of the team."

For Uma this job meant many things, "*Since my home situation is bad I wanted a job, which would provide me both money and satisfaction of doing some thing. Besides, it also provided opportunity to improve my social interaction with people outside home".*

iii. Daily routine

Uma has a long day of work. Bringing up all the three children is on her shoulders. She is determined to give good education to her children. Her day begins at 5.00 am, with a bath, lighting a lamp to God and her work begins. "*From 5.00 to 8- 30 am, I do all the work such as cleaning, washing, cooking, shopping and all.. I take just 10 minutes for my self to get ready and leave for hospital. I take about 15 minutes to walk down to the hospital... By 9.00 am, I am there. I sign in the attendance register, wish my colleagues, meet the doctor and sisters, take specific instructions if any, and leave for the field."*

At field she has a different situation to face. The major portion of the area is not typically slum. A good amount of the families in the area belong to middle class and the area has all the infrastructure like road, drainage and water supply to individual houses. Many of them are in service sectors.

Uma has been involved in the work of two areas because two of them work together. In the past she and other link workers have had problems of men misbehaving with them. She explained:

" *Since houses are big, we have problems. It is not like working in slums where houses are small and close by. There if we sit in any house every body can see us. More over the people in the slum respect us as educated women, while in big houses situation is different. If there are no women in the house some men either look down upon us or try to take advantage of the situation."*

"From 9.30 a.m. to 12. 30 p.m. we visit houses and attend to various activities. In the past few months, we did the survey of eligible couples, motivate for contraception , inform mothers for immunisation, inform pregnant women for health check ups, distribute condoms, Oral pills and iron tablets" We make use of mother's meetings in Anganwadi to talk about specific subjects such as nutrition, immunisation, contraception and the like."

Like the other link workers, Uma also divides her area in to different lanes and attend to in a cyclic order. But those patients, who have under gone operation or inserted copper T, are visited in whichever lane they are, for a few days after the operation. By about 12.30 PM she winds up the field activities and returns to the hospital. As a routine they sign in the attendance register write in their report book and walk back home. By about 1.30 PM., she reaches home.

iv. Job satisfaction and expectations

For Uma, this job has given a great deal of diversion from her family problems. Since the job requires lot of concentration and community contact, the job has helped her to get out of her problems. She said " *the job has helped me develop confidence. I had become totally depressed and weak before joining this job and this job has given me lot of exposure to outside world. I feel great when people recognise me as a health worker and ask for my advice".* However, she also stresses the financial part of the job very strongly and said " *For the past 4 years I am working without a single rupee increment, what do you say about this? I very much want increase in the honorarium and some benefits too".*

v. What makes one a best link worker

According to Uma, all cannot become good link workers. A good link worker needs a smiling face and a friendly disposition. One should earn the good will of the community. They should be convinced that link worker is there for their benefit. *"We should study the situation and act accordingly therefore we should have different strategies for different set of people."*

Case 5

Rajamma

i. Socio-economicBack ground

Rajamma is a lively and robust looking women and talks in an as-a-matter-of-fact manner. She is aged 36 years and has studied up to 9th standard. She has already worked for 3 years as a link worker. Rajamma lives right in the center of the slum, she is in charge of. For about 30 years she has been living in the same house. Thus she knows each and every one in the slum. Rajamma has three sons aged 13,11and 10 years. All of them are studying. Before

joining as a link worker she worked in an Ayurvedic medicine company's packing unit. Her husband works in a private firm.

ii. Training and other exposures

Rajamma was also trained in Kodandaramapura institute for five days. She says that she learnt many things in this training for the first time in her life. She said, " *In the beginning I was scared to know so many things. But as I went along and performed my duties, gradually it became easy. We were taught about health aspects of pregnant and lactating mothers, contraception methods, community survey method, how to interact with the community and so on*".

Although training has given a good basis for discharging her job well, she get lot of doubts. Rajamma talks to regular staff and gets clarifications. If she has any problems doctors and other senior staff help her by giving information and other support.

iii. Reasons for taking up the job

The Health Center was just next to Rajamma's house and as such it was not difficult for her to know about the job opportunity. She went and requested the doctor. The doctor asked her to go and see the IPP staff where she was interviewed for the position and got it. She said, " *I took up this job to get diversion from my family problem and to get some money for the family. If I had some one to tell me about birth control, I would not have had this problem... brining up three children is very difficult. I also want to help poor women in this respect*".

iv. Daily routine

Rajamma's day begins at 5-30 am. She narrates her routine " *I wash and pray God for five minutes. When I finish all household work it becomes 8.00 am. I get ready and leave home latest by 8-30 am. I have to take a bus and reach the hospital. Hospital has been shifted to a far off location and takes about one hour by walk*".

> ***" ...in my slum there is nobody who says no to my words, some men try to create problems but I go directly to them and talk to them and convince. My words carry some respect here."***

Rajamma gets tired by the time she reaches the hospital. As soon as she comes to hospital she signs in the attendance register and waits for the doctor. This gives her some time

to breathe, according to her. Once again get back to her slum where she lives. She feels this is not very convenient for her. She spends both money and time just to do this. She gets back to slum by about 10.00 a.m. and starts her work. She covers 40- 50 house visits every day. She said, " *as far as the work is concerned I have no problem because I know every body in the slum and I don't have to make special efforts to build rapport or introduce myself*". She is familiar with each and every one, on her way in the slums she called them by their names and asked them how things are after the copper T insertion, sterilisation operation, whether the child has been immunized and so on. They all answer her very politely. She asserts that, " *in my slum there is nobody who says no to my words, some men try to create problems but I go directly to them and talk to them and convince them. My words carry some respect here.*" She carries on follow-up of operation cases, distribute oral pills and condoms, inform the time and venue of health check ups and immunisation and motivates for contraception every day.

She continues to work up to 12-30 p.m. and there are some women who would like to go to hospital with Rajamma for some treatment or the other. Rajamma takes them and once again goes to hospital. She says she walks up if she has company. She has to sign in the register, write in the daily report book and return home. By this time it is already 2.00 p.m.

v. Job satisfaction and expectations

Rajamma says, "*this job has given me satisfaction in terms of giving me an opportunity to serve people. It also relieves me from the house hold tensions. People call me as a social worker I feel nice about it. I feel my services have some value to people. The money I earn is important to educate my children. However some of the aspects of the job has to improve to see that we work in the same manner. In my case the distance is a concern. It is good if they do not insist on going twice a day. I also feel that there has been increase in our workload. Our job situation is such that we cannot complain about any thing*".

vi. What makes her a good link worker

According to her a good link worker is one who has good temperament, has interest in community work, lot of patience and commitment in the job. She said,

" *Whatever may be my problems and worries I forget all that. I listen to them*

"...earning trust is important. If people lose trust in us, that is the end of our work"

decision. Earning trust is important, if people lose trust in us that is the end of our work".

Conclusion from Case Studies

The case studies presented above provide a broad idea of the socio-economic background of link workers and as to how they carry out their duties. Most of the link workers come from economically poor sections and as such, for all of them this is a most needed job as it supplements the family income. However, the more important finding is that all the link workers saw their job as an avenue for their professional development. What is remarkable about most of the link workers, is the dextrous manner in which they handle their household chores with all family-related problems on the one hand and the challenging task of their job outside the home on the other. Most of the respondents said that their work activity made them realise how ignorant they themselves were in making momentous family related decisions. Perhaps this can be seen as a driving force for them to carry out their responsibilities more efficiently. This may also be a powerful instrument in evoking positive attitudes toward small family norms, better hygiene practices and giving importance to healthy way of living on the part of women and others in slums.

The insight one gets from these case studies is the hard work and determination of the Link workers in their work. These five workers are examples of strength and commitment to work. What is more striking is the confidence, interest and patience they have in interacting with a variety of people with different and often negative mindsets. Equally heartening is that they keep their family problems out of their jobs. These women work not only for money but have special interest in their own professional development. An important hope for them was their great desire to educate their children. According to them, the key to success as link workers, are ability to communicate effectively, innovative ways of persuasion, commitment to job responsibilities. Furthermore, being close with the community they serve, and a strong spirit of empathy were other factors expressed or hinted by these link workers as the secret of their success.

5.0. OVERALL CONCLUSIONS OF THE EVALUATION

What emerges strongly from the findings of overall effort is the following:

- The intervention of the project through link workers has been very useful for the community. This conclusion is based not only from the findings on their attainments and performance but also from the opinion of the direct beneficiaries of the programme, participants of focus group discussions, NGO respondents, and other Health personnel at the Health Centre.
- Link Workers were mature, energetic housewives and represent the community in the socio-economic status and were well accepted by the community.
- Link workers being residents of the community ensures continuous follow up of cases in the community.
- Link workers not only help in achieving the targets of the Project objectives but also help the community women in their personal problems.
- Link workers job requires good amount of skills in terms of inter-personal communication, considerable level of articulation in convincing and persuading their clients to alter their living styles and behaviour. These qualities were found in good measure among the workers.
- Although link workers have support from the regular staff of the hospital, there is also considerable pressure from these staff to reach assigned targets. Many a times link workers overwork because they have to take up work of these staff members.
- However, there appears to be some amount of dissatisfaction among link workers about the way the other staff members treat them. In some cases they mentioned that they are most vulnerable.
- All the link workers expressed great concern about the paltry honorarium presently offered which is certainly not commensurate with the nature and extent of their job responsibilities. Furthermore, the absence of job security and other service benefits were voiced by all of them. Despite such harsh service conditions, most of the respondents reported that they liked their job and expressed their desire to continue.
- All the link workers had undergone 5-day training at the time of induction. However, there is certainly a need for strengthening the capabilities of workers to update their awareness levels in terms of various concepts and their application in the changing socio-economic

scenario. Some topics on tackling behavioural problems in the community are also needed in the training.

- It was also found that there is a need for introducing more effective IEC materials, particularly on the superstitions, wrong beliefs on childbirth and contraception.
- The reporting and record keeping system and use of MIS system for monitoring of their day to activities is lacking with the Link workers.
- The findings of the present evaluation suggest that the programme of Link workers can be replicated in other similar projects also.

6.0. RECOMMENDATIONS

i. Link workers contribution to the Project activities are to be appreciated and duly recognised in view of the good performance by them.

ii. The position of Link workers requires strengthening by creating a sense of security and providing due status amongst the staff of the Health Centre.

iii. Link workers knowledge requires periodical updating through a structured and need based refresher courses.

iv. The reporting and record keeping system with the Link workers is to be improved by providing them structured daily dairies, follow up registers and training them in monitoring of activities.

v. Sense of responsiveness to the community aspirations from Other Health Centre staff is to be improved to create stability to the Link workers in the community.

vi. Meager honorarium received by Link Workers, in the present day value of money, should be increased keeping in view of their contribution to the project objectives.

vii. Link workers are to be adequately compensated for every additional work entrusted to them.

viii. Bangalore Mahanagar Palika should commit itself to continue the Link Workers programme with adequate budgetary provisions after the closure of the Project, since Link workers are the only community link with the Health Centre activities.

ix. A suitable system should be established to monitor the performance of Link workers based on CNA approach.

ANNEX 1.

Sample of slums for Community survey- Link workers

Sl. No.	UFWC Slum	Population	No. of Houses
	J.P.Nagar		
1	Marehalli	3060	245
	Yarabnagar		
2	Bapuji slum	2000	216
	Jayanagar		
3	Byrasandra	9222	1434
	Banashankari		
4	Surebandepalya	6846	1265
	Pobbathi		
5	Kumbar Gundi	6024	240
	Azadnagar		
6	Janata Colony	5600	900
	Anjanappa garden		
7	Flower garden	5302	1305
	Hosahalli		
8	Cholara palya	16472	4288
	Bapujinagara		
9	Maruthi nagar	5300	850
	Rajajinagar		
10	Chamundi Huts	8720	1026
	Ashokapura		
11	Vijayanand nagar	5350	1050
	K.C.G Malleswaram		
12	Resaldar Street	2530	513
	Okalipuram		
13	Gopalpura	5870	962
	Hegganahalli		
14	R.G.Nagar	2400	360
	Nandini Layout		
15	Kanteeravanagar II	4150	750

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	Ganganagar		
16	Papanna Slum	2151	480
	D.J.Halli		
17	Modi road	5100	981
	Sulthanapalya		
18	Manorayanpalya	15000	5000
	M.R. Palya		
19	Mattadahalli	1963	460
	New Bagalur Layout		
20	New lingarajpuram	15179	2107
	Ulsoor		
21	Babusab colony	3154	568
	Bhuvaneshwari Nagar		
22	Sudam nagar	5081	1628
	Taskar Town		
23	Nehru puram	5753	865
	Domalur (Kodihally)		
24	Sree Rama Nagar	4298	615
	Shanthi nagar		
25	Sathya Velu slum	1000	150
	Wilson Garden		
26	Gutta palya	2508	651
	Koramangala		
27	L.R.Nagar	15800	2320
	Adugodi		
28	Adugodi Bande	4760	760
	Chellaram		
29	Basaveshwar Nagar	2154	322
	K.G.Halli		
30	Vinobhanagar	5200	1000

ANNEX 2.

Sample of Slums for Focus group discussions

UFWC/Slum	Pop.	H.H.	Community	NGOs	Beneficiaries
Yelchenahalli	9835	1501			Kanakanagara
J.P.Nagar	2050	448		Putlehalli	
Banashankari	6846	1265	Surebandepalya		
Gangondanahalli	3600	810			Arundhati nagar
Anjanappa garden	5302	1305		Flower garden	
Rajajinagar	2267	365	Jadrahalli		
Srirampur	8762	1857			Swathantra Nagar
Okalipuram	5870	962		Gopalpura	
P.G.Halli	6870	1374	Muneshwara Block		
Sulthanapalya	15000	7000			Sulthanapalya
M.R.Palya	2826	513		M.R. Palya	
Austin Town	5370	691	Vibhuthipura		
Vibhuthipura	3010	582			Ashwathnagar
Shanthi nagar	5000	1300		Vinayaka nagar	
Adugodi	2400	355	A.K.Colony		

ANNEX 3.

Checklist for focus group discussions {community}

- The relationship between the link workers and the community
- Quality of services of the link workers as perceived by the community
- Type of services link workers are expected to perform (awareness of the community the job chart of the link workers)
- Regard and trust of the community in link workers
- Kind of information given by the link workers to the community(areas as per their job chart)
- Effectiveness of the methods used by the link workers in terms of making the community understand the messages.
- Response of the community in the programs of the link workers
- Involvement of the community in the activities(provide space, money, encouragement and other aspects
- Increased access to the services due to the efforts of the link workers
- Community's perception of the difficulties of link workers
- Suggestions of the community towards improving the services of the link workers
- Limitations of the services of the link workers (as perceived by the community)

Checklist for NGOs

- The general working pattern of the NGO
- Type of work performed by the organisation in the slums
- The awareness of the functions of the link workers
- Co-ordination and support from the NGO for the activities of the link workers
- Abilities of NGOs in assisting link workers in their job such as community mobilisation, IEC, space. and other aspects
- Role of NGOs in solving the problems of link workers
- Level of communication between the NGO and the link workers
- Perception of the representatives of the NGOs on the performance of the link workers
- Level of involvement of the NGOs in the day to day work of the link workers
- NGOs awareness about the problems of the link workers
- The suggestions of the NGOs to improve the performance of the link workers

Check list for the direct beneficiaries

Type of services received by the person

- How did they come to know the service
- Who motivated to avail the service
- How did they make the choice of the type of the service
- The type of the follow up received
- Kind of problems experienced by the persons received the service
- The role of the link workers in motivation, follow up, education, confidence building and other things.
- Opinion of the beneficiaries regarding the role of the link workers
- Experiences of the sample beneficiaries in availing the services